

Case Number:	CM14-0038196		
Date Assigned:	06/25/2014	Date of Injury:	09/20/2004
Decision Date:	07/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 09/20/2004. This patient's diagnosis is left shoulder adhesive capsulitis with a history of manipulation in June 2012. The initial physical therapy request was submitted 12/04/2013. The accompanying note from the patient's treating physiatrist noted the patient had recurrent left shoulder adhesive capsulitis. That note stated that the patient would benefit from manipulation under anesthesia and that this would not work unless the patient had physical therapy or rheumatology authorization for Plaquenil and anti-inflammatory medications as well as post manipulation treatment. The treating physician emphasized that the patient would need to have therapy pre as well as post manipulation in order for it to succeed. No specific quantity of physical therapy is specified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient physical therapy (PT) , no frequency and duration noted.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine page(s) 98 Page(s): 98.

Decision rationale: The California MTUS: Chronic Pain Medical Treatment Guidelines, Section on Physical Medicine, recommends that active therapy requires the internal effort by the

individual to complete a specific exercise or task. Implicit in these guidelines is the anticipation that a physician will propose a specific physical therapy treatment plan including frequency and duration of visits and specific goals of treatment. The request in this case of 12/04/2013 as well as a subsequent office note of 06/18/2014 are not clear in terms of the frequency or duration of the proposed treatment. Thus, there is insufficient information to consider this treatment to be medically necessary because in essence the nature of the treatment is not known and the request is incomplete. It may be appropriate for the treating physician to resubmit a new request clarifying the methods and goals and particularly the frequency and duration of proposed physical therapy. At this time since this information is not present, this request for outpatient physical therapy is not medically necessary.