

<b>Case Number:</b>	CM13-0027200		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with industrial injury of December 4, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; MRI arthrography of injured shoulder of December 18, 2012, notable for tendinosis of the subscapularis and labral tear of uncertain clinical significance; and extensive periods of time off of work. The applicant apparently has not worked since February 2012. In November 26, 2012 progress note, the attending provider states that the applicant has shoulder adhesive capsulitis, a possible left shoulder full-thickness supraspinatus tendon tear, remains symptomatic, and is having difficulty doing activities such as washing and combing her hair. She apparently was unable to tolerate therapy and has only had one treatment to date. In a utilization review report of September 10, 2013, the claims administrator denied request for physical therapy. No MTUS guidelines were cited, although the MTUS does address the topic. The applicant's attorney later appealed, on September 23, 2013. Multiple notes interspersed throughout 2013, including April 24, 2013 and May 1, 2013 are notable for comments that the attending provider is complaining that treatments which are being sought are not being authorized. Therefore, the attending provider states that he will continue keep the applicant off of work, on total temporary disability. An October 17, 2013 progress note is notable for comments that the applicant has not had therapy since 2006. She has residual pain and stiffness about left shoulder. Shoulder flexion and abduction are limited to the 60- to 105-degree range. A 5/5 strength is appreciated. The applicant is given a dia

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medically supervised weight loss management program:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 9 to 10 sessions of treatment is recommended for myalgias and/or myositis of various body parts. In this case, as suggested by the attending provider and applicant's attorney, the applicant does not appear to have had any therapy in the 'chronic pain' phase of her injury. She does have marked residual deficits apparently pertaining to shoulder adhesive capsulitis which are likely amenable to physical therapy. She is apparently not an operative candidate, it has been suggested. Pursuing physical therapy is indicated and appropriate in this context. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.