

<b>Case Number:</b>	CM13-0009105		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 licensed in Psychology and is licensed to practice 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 claimant is a 39 year-old female [REDACTED] with a date of injury of 4/19/12. According to medical reports, the claimant sustained injury to her shoulder when she pulled on a heavy crate while working as a grocery clerk for [REDACTED]. She is diagnosed by [REDACTED] in his 7/8/13 PR-2 with sprain/strain of the shoulders. He updated that diagnosis to impingement syndrome of shoulder and S/p bilateral sub acromial decompression in his 10/10/13 PR-2. The claimant has received medical treatments including decompression, Mumford procedure, physical therapy, surgery, and medications. As the result of the work-related incident, the claimant has also experienced psychiatric symptoms and was diagnosed by [REDACTED] with an adjustment disorder with mixed anxiety and depressed mood. It is this psychiatric diagnosis that is relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Series of visits with psychotherapist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The CA MTUS does not address the treatment of an adjustment disorder involving depressed mood and anxiety. As a result, the Official Disability Guideline regarding the behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has received psychological and psychiatric services since her injury however, these records were not offered for review. In her "Consultative Evaluation and Opinion" report dated 7/16/13, [REDACTED] indicates that the claimant "has seen [REDACTED] in the Department of Psychiatry twice for medication management." In addition, it was noted that the claimant "has also seen a psychotherapist in the community weekly since being off work, [REDACTED], of the [REDACTED], supervised by [REDACTED]. As stated above, these records were not offered for review and it is not known what issues are being addressed, how many sessions of psychotherapy have been completed, and whether there have been any objective functional improvements and gains made from those completed sessions. Additionally, the request for "series of visits with psychotherapist" remains too vague and does not provide enough information pertaining to the number of sessions being requested and over what duration. As a result of insufficient information and the vague nature of the request, the request for "series of visits with psychotherapist" is not medically necessary.