MAXIMUS Federal Services

Case Number:	CM13-0016628		
Date Assigned:	04/21/2014	Date of Injury:	07/04/2011
Decision Date:	07/02/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Board Certified Psychology 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 patient has submitted a claim for left proximal humerus fracture s/p hemiarthroplasty, postoperative myocardial infarction, cardiomyopathy, respiratory failure, cardiogenic shock, cognitive disorder, and depressive disorder associated with an industrial injury date of 07/04/2011. The treatment to date has included left shoulder hemiarthroplasty on 03/08/2012, physical therapy, and medications including spironolactone, losartan, clopidogrel, atorvastatin, aspirin, carvedilol, ranolazine, famotidine, trazodone, Fionase, and alendronate. The only available report is the Consultation and Neuropsychological Assessment dated 03/12/2013. The patient reported word-finding difficulty, memory difficulty, lack of endurance, limited range of motion of left arm and shoulder accompanied by constant pain and intermittent pain in the left wrist, and stress associated with thinking about her heart condition. The patient underwent left shoulder hemiarthroplasty on 03/08/2012, and subsequently experienced myocardial infarction, cardiomyopathy, respiratory failure, and cardiogenic shock. Global Assessment of Functioning was 60. Physical examination showed that the patient ambulated without assistance, however, demonstrated some exertion getting in and out of a chair. Fine motor skills were limited by pain. Range of motion of both arms was limited. Her affect appeared anxious and somewhat flat. She had low frustration tolerance; however, she was still pleasant and cooperative. Thought process was linear and goal-directed. There was no evidence of paranoid ideation, delusions, or hallucinations. She denied any suicidal ideation, plan, or intent. The treating provider has requested cognitive behavioral therapy 6-10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY 6-10 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). The MTUS states that initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is advised. In this case, the patient has been diagnosed with cognitive and depressive disorder and the rationale stated for cognitive behavioral therapy (CBT) is to assist her adjustment to disability, primarily to disrupt negative self-evaluative comments following repeated performance failure associated with her cognitive deficit. The patient already completed 4 sessions of CBT and showed improvement from it. However, the present request of number of sessions exceeds the recommended guidelines since the patient already completed 4 prior sessions. Therefore, the request for cognitive behavioral therapy (CBT) 6-10 sessions is not medically necessary.