

Case Number:	CM13-0039646		
Date Assigned:	12/20/2013	Date of Injury:	04/30/2012
Decision Date:	03/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 Psychiatry & Neurology, has a subspecialty in Geriatric Psychiatry, Addiction 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:

Records reviewed include 178 pages of medical and administrative records. The claimant is a 55 year old male whose date of injury was 04/30/2012. He was pulling carts on wheels weighing approximately 250-350lbs, at which time he sustained a rotator cuff tear and cubital tunnel syndrome. He underwent right cubital tunnel release with transposition of the ulnar nerve in 08/12, and rotator cuff repair with subacromial decompression in 11/12. In 09/13, prior to an impending surgery, he developed increasing anxiety and pain with complaints of insomnia. He was been diagnosed with chronic pain, status post right shoulder surgery. The patient has undergone extensive physical therapy, and has had 20 psychotherapy sessions for pain management, depression and anxiety. According to the Psychotherapy notes of 03/07/13-09/12/13: Progress has been consistently rated as fair, affect as depressed and anxious, or even and congruent with mood. There are no further psychotherapy notes after 09/12/13. According to the Surgery report of 09/26/13: [REDACTED]: The patient underwent right shoulder arthroscopy with subacromial decompression, without complications. Medications appear to be Butrans 20mcg/hr patch, citalopram 40mg daily, Cymbalta 30mg, and Trazodone 50mg 3 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of cognitive counseling between 9/27/2013 and 11/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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

Decision rationale: According to the MTUS guidelines, after the initial trial of 3-4 visits over 2 weeks, with evidence of objective functional improvement a total of up to 6-10 visits over 5-6 weeks may be certified. This employee has utilized 20 at this point. There is no supporting documentation to show objective functional improvement of significance. There is no indication that further psychotherapy will provide a substantive ameliorative effect in this employee. Based on the documentation provided for this review, and the guidelines referenced herein, this request cannot be certified.