

<b>Case Number:</b>	CM13-0042012		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Psychologist 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 patient sustained a job-related injury on 7/3/2007 involving his right shoulder. He is noted to be suffering from a chronic, non-traumatic brain injury, secondary to anoxic encephalopathy following a right rotator cuff repair on 6/11/2008. He had a second right shoulder arthroscopic procedure in 2011. His 2008 post-surgical hospital course was complicated by respiratory failure secondary to ARDS. His recovery has been characterized by memory, gait, concentration, balance, short-term, and long-term memory deficits with additional cognitive impairments including abstract thinking and visual-spatial deficits, which prevent him from fully returning to household and community-based activities. Additional surgical procedures include left shoulder rotator cuff repair on 7/23/13. The patient's mental health treatment includes psychiatric consults with [REDACTED] who prescribes him Pristiq and Abilify for depression and a movement disorder, and psychotherapy sessions with [REDACTED]. He was diagnosed with a cognitive disorder and has been reported to be experiencing depression and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 sessions of individual psychology (1x10): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Part 2 - Pain Intervent.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, Behavioral inter.

**Decision rationale:** On 8/27/13, [REDACTED] reports the patient was noted to feel "trapped" by his memory deficits. His symptoms of anxiety were noted to be his main barrier, which limits his socialization. He was noted to be alert and oriented X4 and that he used a cane to aid in ambulation. He had stuttering, word finding problems, and behavioral tics. Mood and affect were noted to be overall anxious but that the patient calmed throughout the session. Memory problems were noted to be present. [REDACTED] reported a GAF of 50. On 9/5/13, [REDACTED] states the patient is having a hard time, is one month post-surgical repair of his left shoulder, is having a lot of pain, and his mood is noted to be a little bit more dysphoric. On 9/23/13, [REDACTED] states the patient reports feeling "down" and has lost some of his "grit." He notes the patient's left shoulder surgery has led to a little bit of despondency and lack of motivation. On 10/31/13, [REDACTED] reports the patient is doing a little bit better, his mood is a little bit better, he is a little less labile, and a little less depressed and attributes this to the medication and psychotherapy with [REDACTED]. On 11/18/2013, [REDACTED] notes the patient's mood is much better although he is anxious with lots of hands wringing and posturing. It is not clear from the most recent medical provider's reports how the patient's current mental health symptoms are contributing to or causing his functional impairment. Additionally, there are only two psychotherapy progress reports from [REDACTED] in the available documentation although there is some indication that the patient attended at least 6 sessions from 12/13/12 to 8/27/13. Neither psychotherapy progress report contains evidence of functional improvement as a result of the provided sessions.