

<b>Case Number:</b>	CM13-0052442		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 a Licensed 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 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 66 year-old male (██████████) with a date of injury of 3/18/09. The claimant sustained an injury to his left shoulder when a rack that the claimant was pushing hit a pothole and began to tip over. In order to stop the rack from falling, the claimant grabbed it with his left arm and struggled to keep it up, resulting in the injury. The claimant sustained this injury while working for ██████████. In his 10/23/13 Orthopaedic (Musculoskeletal) Agreed Medical Re-Evaluation, ██████████ diagnosed the claimant with, (1) Status post left shoulder arthroscopy and open debridement of glenoid labrum and subscapular tendon with biceps tenotomy and secondary tenodesis to include subacromial decompression and total lateral resection (██████████ 10/5/10), now with chronic re-rupture of biceps tendon; (2) Status post left shoulder arthroscopic suture/anchor repair with partial thickness rotator cuff tear to include subacromial decompression, partial acromioplasty and acromio ligament release (██████████ 10/1/09); (3) Adhesive capsulitis of left shoulder secondary to above diagnosis; and (4) Dyspepsia. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injury. In his 12/6/13 "Psychological Treatment Update - Special Report", ██████████ diagnosed the claimant with pain disorder associated with both psychological factors and a general medical condition. It is the claimant's psychiatric diagnosis that is most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INDIVIDUAL AND GROUP PSYCHOTHERAPY, 18 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines regarding the behavioral treatment of chronic pain, indicates that for the behavioral treatment of chronic pain, it is suggested that there is an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. In this case, the claimant has already utilized 4 sessions. As a result, the request for an additional 18 sessions exceeds the total number of sessions set forth by the California MTUS Guidelines. Therefore, the request for individual and group psychotherapy sessions, quantity 18, is not medically necessary and appropriate.