

Case Number:	CM13-0064460		
Date Assigned:	01/03/2014	Date of Injury:	04/02/2012
Decision Date:	04/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 in Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 42 year old man who sustained a work related injury on April 2 2012. Subsequently he developed left shoulder pain and underwent left shoulder decompression and left rotator cuff repair. According to a note dated on October 17 2013, the patient pain was constant. Physical examination showed impaired shoulder abduction. The patient was treated with Norco, Lidoderm and Omeprazole. According to report dated on October 24, 2013, the patient was reported to suffer life-changing secondary to shoulder injury. He was reported to have negative movements. The provider requested authorization for Six Psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY SESSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

Decision rationale: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at

risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). There is a documentation that the patient suffered mood change secondary to shoulder injury, however the requested for 6 psychotherapy is not justified. MTUS recommended 3-4 sessions over 2 weeks. More sessions could be justified if positive response to the first sessions. Therefore request for psychotherapy session not medically necessary.