

Case Number:	CM14-0002007		
Date Assigned:	01/17/2014	Date of Injury:	02/23/2013
Decision Date:	06/10/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 Licensed in 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 claimant is a 59 year-old female (██████████) with a date of injury of 2/23/13. The claimant sustained injury to her shoulder when she fell and hit her right arm and right side of her face against the wall. The claimant sustained this orthopedic injury while working as a tax preparer for H&R Block. In an interim evaluation report dated 11/12/13, ██████████ diagnosed the claimant with: (1) Right proximal humerus fracture; (2) Right shoulder impingement syndrome with rotator cuff tendonitis and partial-thickness tear; and (3) Depression with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY (GROUP) 12 SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Mental Illness And Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the limited medical records, the claimant

was assessed by [REDACTED] in November 2013 however, there is no report from [REDACTED] included for review. Without any information regarding the claimant's current psychological functioning and treatment recommendations, the need for services cannot be determined. As a result, the request for "cognitive behavioral therapy (group) 12 sessions" is not medically necessary.

RELAXATION TRAINING AND HYPNOTHERAPY 12 SESSIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Mental Illness And Stress Chapter.

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference in this case. Based on the review of the limited medical records, the claimant was assessed by [REDACTED] in November 2013 however, there is no report from [REDACTED] included for review. Without any information regarding the claimant's current psychological functioning and treatment recommendations, the need for services cannot be determined. As a result, the request for "relaxation training and hypnotherapy 12 sessions" is not medically necessary.

OFFICE CONSULT WITH FOLLOW-UP APPOINTMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Mental Illness And Stress Chapter.

Decision rationale: The CA MTUS does not address the use of office visits therefore, the Official Disability Guideline regarding the use of office visits and follow-ups will be used as reference for this case. Based on the review of the limited medical records, the claimant was assessed by [REDACTED] in November 2013 however, there is no report from [REDACTED] included for review. Without any information regarding the claimant's current psychological functioning and treatment recommendations, the need for services cannot be determined. As a result, the request for "office consult with follow-up appointment" is not medically necessary.