

Case Number:	CM14-0117486		
Date Assigned:	08/06/2014	Date of Injury:	08/08/2011
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/27/2014

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 45 year-old male with a date of injury of 8/8/11. The claimant sustained injury to his right shoulder and hand when he and his co-workers manually lifted a 40 foot pipe weighing 1000 lbs. and while doing so, the claimant's co-workers let go of the pipe without informing the claimant, causing pipe to crush his hand and pull his arm down. The claimant sustained this injury while working as a construction worker for [REDACTED]. In his "Initial Consultation Report" dated 3/5/14, [REDACTED] diagnosed the claimant with: (1) Rotator cuff tear, right shoulder; (2) Possible labrum tear, right shoulder; and (3) Adhesive capsulitis, right shoulder. Additionally, in his "Primary Treating Physician's Follow-up Report" dated 2/3/14, [REDACTED] diagnosed the claimant with: (1) History of right carpal and cubital tunnel syndrome; (2) Right wrist ECU (Extensor Carpi Ulnaris) tendinosis; (3) Right shoulder impingement syndrome; (4) Post injury depression; and (5) Status post carpal tunnel release, right ulnar nerve decompression. It is also reported that the claimant has developed psychiatric symptoms secondary to his work related orthopedic symptoms. In her PR-2 report dated 6/3/14, [REDACTED] diagnosed the claimant with Major depressive disorder, moderate. He has been treating his psychiatric symptoms with psychotropic medications through medication management and has been participating in bi-weekly psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Additional Cognitive Behavior Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Psychology sessions; Cognitive Behavioral Therapy.

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, Cognitive therapy for depression.

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant completed an initial "Behavioral Pain Psychological Consultation" with [REDACTED] in June 2013. He has subsequently completed approximately 14 psychotherapy sessions with [REDACTED], psychological assistant to [REDACTED]. Although there is some improvements and progress noted within the submitted PR-2 reports, there is nothing objective and/or measurable noted regarding the improvements. Additionally, the ODG indicates that "with evidence of objective functional improvement, total of up to 13-20 sessions over 13-20 weeks (individual sessions)" may be necessary. The request for an additional 8 sessions exceeds the recommended total number of sessions set forth by the ODG. As a result, the request for "Eight (8) Additional Cognitive Behavior Psychotherapy Sessions" is not medically necessary.