

Case Number:	CM14-0129820		
Date Assigned:	08/20/2014	Date of Injury:	10/17/2012
Decision Date:	09/25/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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 Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California & Washington. 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 injured worker is a 48-year-old female who reported an injury on 10/17/2012. The injured worker was cutting ham on a slicer and after 10 minutes she heard a sound in her right shoulder. Her right shoulder was painful but she continued working doing other things. The injured worker's treatment history included MRI studies x-rays, physical therapy, acupuncture treatment, surgery, and medications. The injured worker was evaluated on 07/22/2014 and was documented the injured worker complained of minimal discomfort in her right shoulder but some weakness. Both hands had paresthesias and she had slight discomfort in her left shoulder, as well. Physical examination of the cervical spine revealed range of motion was full in all planes. Spurling maneuver deferred. No focal tenderness noted. Upper extremities right shoulder arthroscopic scar, right carpal tunnel surgical scar. She had a range of motion that was full. Strength was 5/5 in the right shoulder abductors, forwards flexors, extensors, and external rotators. Strength was 5/5. Jamar grip strength testing right 42, 38, and 38 pounds and left 30, 36, and 36 pounds. Girth, upper arm 13 and forearm 10 inches. Reflexes and sensation were normal. Medications included Etodolac and cyclobenzaprine. Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Counseling, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): B. Clinician's Role.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23 and 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Office Visits.

Decision rationale: The request for the pain main management counseling, 2 times a week for 3 weeks is not medically necessary. Per the Chronic Pain Medical treatment Guidelines recommends pain psychology sessions are appropriate for identified patients during treatment for chronic pain. The guidelines recommend 3-4 initial sessions and up to 10 visits with evidence of objective functional improvement. There is no evidence that the injured worker is having impairments that would be the focus of psychotherapy. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted 07/29/2014 indicated that the injured worker was in minimal pain. There was lack of outcome measurements listed such as physical therapy measures and home exercise regimen. In addition, the documents failed to indicate longevity of medication usage for the injured worker there is lack of documentation of long-term goals regarding functional improvement. Given the above, the request for pain management counseling 2 times a week for 3 weeks is not medically necessary.