

<b>Case Number:</b>	CM14-0136077		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Texas. 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:

This injured worker is a 50-year-old female who reported an injury on 09/09/2009 due to a trip and fall. The injured worker complained of left shoulder pain. The injured worker had a diagnosis of adhesive capsulitis of the shoulder, supraspinatus sprain/strain, infraspinatus strain/sprain, carpal tunnel syndrome, rotator cuff repair, and arthroscopy of the shoulder. The medications included Hydrocodone 10 mg and Omeprazole. The examination dated 07/25/2014 of the upper extremities revealed neurovascularly intact bilaterally; normal posture; no tenderness to palpation; no pain on palpation swelling; normal strength and tone; normal sensation; normal deep tendon reflexes and coordination; range of motion within normal limits, no crepitus; no instability, subluxation or laxity; no known fractures or deformities; and neurovascularly intact. Examination of the left shoulder revealed no known fractures or deformities and neurovascularly intact. Inspection and palpation 2+ of localized swelling, localized and spongy feeling muscle tone with some atrophy. Supraspinatus to the left was a 4-/5. Infraspinatus 4-/5 to the left shoulder. The prior treatments included physical therapy and medication. The treatment plan included cognitive behavioral therapy. The Request for Authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy session once a week for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines, (2014), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions (CBT).

**Decision rationale:** The request for cognitive behavior therapy session once a week for 6 weeks is not medically necessary. The California MTUS Guidelines indicate that psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The Official Disability Guidelines recommend up to 13-20 sessions over 7-20 weeks if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The injured worker, per the clinical notes, already had completed 21 sessions of group cognitive behavioral therapy. There was insufficient evidence of objective improvement from the previous treatment. The rationale for continued treatment was not provided. The clinical notes did not indicate/warrant special circumstances for additional cognitive behavioral therapy. In addition, the request for 6 additional sessions exceeds the guideline recommendations. As such, the request is not medically necessary.