

Case Number:	CM14-0027782		
Date Assigned:	06/13/2014	Date of Injury:	06/06/2011
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family Medicine and is licensed to practice in Tennessee, California and Florida. 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 47 year old female who had a work related injury on 06/06/11, she was lifting boxes overhead and felt pain in her left shoulder. The injured worker was treated with ice, physical therapy, x-rays, and later referred to an orthopedic surgeon. She had surgery on 12/15/11 and was done after an intraarticular corticosteroid injection failed to give her satisfactory relief. Her surgery was an arthroscopic evaluation, subacromial decompression, claviclectomy, and mini open rotator cuff repair. Postoperatively, the injured worker had significant difficulty in her postoperative course. She had physical therapy but had persistent loss of motion and she eventually underwent manipulation under anesthesia on 03/15/12. This was followed by physical therapy and later a 2nd manipulation under anesthesia which was carried out on 07/16/12. An MRI of the right shoulder on 03/21/13 showed minimal tendinosis without rotator cuff tear with some improvement from the injection but still had right shoulder as well as left shoulder symptoms. She had electrodiagnostic studies of her left upper extremity which showed a brachial plexopathy. She rates her pain as a 4-5/10. It is in the anterior shoulder. It is worse with forward reaching and overhead reaching. The pain radiates up to the neck. It radiates down to the shoulder blade on the left. She also describes left upper extremity numbness and tingling particularly in the forearm but also in the left hand. Physical examination no atrophy in upper extremities. Diffused anterior shoulder tenderness on the left and none on the right. Muscle strength normal bilaterally. Deep tendon reflexes in upper extremities are 3+ and equal bilaterally. Sensation hypoesthesia left upper extremity and left forearm but also in the median and ulnar distributions of the hand. Grip strength using a dynamometer left was 40 lbs. right was 50 lbs. Second strength was 40 lbs. on the left 52 lbs. on the right. Third cast was 38 lbs. on the left 51 lbs. on the right. Negative Hawkins'. Negative drop arm sign. Negative sulcus sign and negative Neer's sign. Psychological evaluation dated 01/20/14 the injured

worker reported experiencing feelings of sadness, fatigue, empathy, crying episodes, and denied suicidal ideation and contracted for safety. The injured worker had a rather subdued affect. Anxiety based symptoms as she was worried about her health. She states that she has been unable to concentrate on things in the same focus the way she has in the past and sometimes she would have trouble focusing when she has pain. She also noted that she was easily distracted and finds that her mind drifts from topic to topic. The injured worker underwent several tests, and they showed responses appeared typical for many injured workers suffering from injury related pain, with the accompanied frustration and worry about ever returning to a normal lifestyle and a struggle to manage the unpredictability of her life. Some of her responses were related to her work injury and include themes of depression, hopelessness, anxiety, worried, mild to moderate pain, social discomfort, fears, poor concentration, sleep problems, poor memory, irritability, weight change, and poor self-esteem. The ISB responses showed that she was willing to acknowledge personal faults and perceived weaknesses. Her level of denial and repression was noted to be minimal and she seemed open to writing about her emotions. Her responses do suggest that she is psychologically struggling at this time and is having difficulty coping with her disabled state. It suggests that her psychological defenses are weak right now. She is struggling to maintain a sense of optimism and feels that her emotional condition is quite fragile. She has lost some self-confidence while her sense of personal efficacy has diminished to the point that she is feeling a bit helpless. The request is for psychoeducational group therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHO EDUCATIONAL GROUP THERAPY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, page 114 and the Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Therapy Section.

Decision rationale: The request for psycho educational group therapy is medically necessary. The submitted documents for review do support the request for psycho educational group therapy. . Some of her responses were related to her work injury and include themes of depression, hopelessness, anxiety, worried, mild to moderate pain, social discomfort, fears, poor concentration, sleep problems, poor memory, irritability, weight change, and poor self-esteem. The ISB responses showed that she was willing to acknowledge personal faults and perceived weaknesses. Her level of denial and repression was noted to be minimal and she seemed open to writing about her emotions. Her responses do suggest that she is psychologically struggling at this time and is having difficulty coping with her disabled state. It suggests that her psychological defenses are weak right now. She is struggling to maintain a sense of optimism and feels that her emotional condition is quite fragile. She has lost some self-confidence while her sense of personal efficacy has diminished to the point that she is feeling a bit helpless. Therefore medical necessity has been established.

