

Case Number:	CM14-0035584		
Date Assigned:	06/23/2014	Date of Injury:	04/23/2013
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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:

The injured worker is a 40 year old female who reported an injury on 04/23/2013 while lifting a heavy tray. The injured worker had no complaints reported. Was tolerating physical therapy and showing improvement. The injured worker had sessions of chiropractic therapy. Pain level was 3-4/10 with medications. Physical examination on 03/13/2014 revealed the injured worker was using TENS unit at home, ice and exercises on her own between physical therapy sessions. Medications were naproxen, gabapentin, and acetaminophen. Range of motion left shoulder had some mild compensatory behaviors and grimacing, but markedly improved (at least 10 degrees) all planes with forward flexion to 150 degrees and abduction was to 130 degrees with pain. Diagnostic studies revealed moderate tendonosis, acromial degeneration, and biceps tendonosis. Electromyography showed bilateral carpal tunnel syndrome. Diagnoses were neck pain and rotator cuff tendinosis, labral degeneration. Treatment plan was for cognitive behavioral therapy. The rationale and request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; psychological treatment Page(s): 19-20, 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23, 24.

Decision rationale: The request for Ten (10) sessions of cognitive behavioral therapy is non-certified. The injured worker had completed physical therapy sessions with improvement. The reports submitted do not state why the injured worker has put this request in. There are no diagnoses for the request submitted. The injured worker is not on any antidepressant medications. The California Medical Treatment Utilization Schedule states screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The document submitted for review does not report symptoms and/or objective functional improvement. The injured worker does not have any of these addressed in the document submitted. Therefore, the request is non-certified.