

Case Number:	CM14-0051930		
Date Assigned:	07/16/2014	Date of Injury:	04/24/2009
Decision Date:	08/19/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopedic Surgeon 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 53-year-old female who reported an injury on 04/24/2009. Prior treatments included 4 visits of cognitive therapy. Additional treatments included a steroid injection. The documentation of 12/30/2013 revealed the injured worker was assessed with the Beck Depression Inventory-II and fell into the moderate range of depression symptoms with a score of 23. The treatment plan included remaining 4 sessions of individual psychotherapy. The documentation of 03/01/2014 revealed the injured worker was less irritable and less depressed with psychotherapy. The documentation indicated the injured worker had more and better communication with her family and was more assertive and less self critical. The injured worker was participating in more activities that brought her joy in working more hours. The future treatment included the injured worker reported sadness, irritability, fatigue, anxiety, loss of self worth, insomnia, anhedonia, and low libidinal drive and would need further sessions. The treatment plan included 4 additional psychotherapy sessions. An additional request was made for physical medicine and rehabilitation (PM&R) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PM&R (Physical Medicine and Rehab) Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, Chronic Pain Treatment Guidelines Medical vs. Self-Management Model, Psychological Treatment Page(s): 5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine for treatment of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of a physical examination. Additionally, the request as submitted failed to indicate the type of physical medicine and rehabilitation that was being requested, the body part to be treated, and the duration of care being requested. Given the above, the request for PM&R is not medically necessary.

Psychotherapy Session x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines; Cognitive Behavior Therapy (CBT) - Chronic Pain (<http://www.odgtwc.com/odgtwc/pain.htm>).

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

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy for an initial trial of 3 to 4 psychotherapy visits over 2 week and with evidence of objective functional improvement, a total of up to 6 to 10 visits is appropriate. The clinical documentation submitted for review failed to provide the quantity of sessions previously attended as it was indicated the injured worker was currently attending therapy. The number of sessions that the injured worker participated in was at least 4. An additional 6 would reach 10 visits. However, there was no specific number of sessions that were provided. The clinical documentation indicated the injured worker was less irritable and less depressed with psychotherapy and had more and better communication with her family and was more assertive and less self-critical. However, without indication of the quantity of prior sessions, this request would not be supported. Therefore, the request for psychotherapy sessions x6 is not medically necessary.