

Case Number:	CM14-0053710		
Date Assigned:	04/25/2014	Date of Injury:	06/09/2010
Decision Date:	07/07/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/14/2014

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 Psychology and is licensed to practice in California. 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 claimant is a 61 year-old male (██████████) with a date of injury of 6/9/10. The claimant sustained injury to his shoulders while working as a painter for the ██████████. The mechanism of injury is not found within the records offered for review. In his PR-2 report dated 11/13/13, ██████████ diagnosed the claimant with: (1) Cervical sprain/strain, chronic, with myofasciitis; (2) Right shoulder impingement; (3) Right shoulder acromioclavicular joint arthropathy; (4) Status post right shoulder arthropathy for subacromial decompression and distal clavicle resection, 4/5/12; (5) Right shoulder full thickness rotator cuff tear vs. deep partial thickness tear, per MRI of 6/8/12; (6) Status post right shoulder revision arthroscopy, subacromial decompression, biceps tenodesis, date of surgery 2/4/13; (7) Left shoulder impingement and acromioclavicular joint arthropathy, secondary to overcompensation; (8) Status post left shoulder surgery, old, 12 years ago, non-industrial; (9) Right wrist, mild moderate right carpal tunnel syndrome, per EMG/NCS 3/21/13; (10) Right elbow, ulnar neuropathy, per EMG/NCS 3/21/13; and (11) Stress, anxiety and depression. It is also noted that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In all of his "Request for Authorization" forms, ██████████ has diagnosed the claimant with: (1) Major depressive disorder, single episode; (2) Generalized anxiety disorder; (3) Insomnia; and (4) Psychological factors affecting a general medical condition. It is the claimant's psychiatric diagnoses that are most related to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY X 12 SESSIONS (FREQUENCY UNSPECIFIED):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant was authorized for 6 group psychotherapy sessions in November 2013. He has not participated in any individual therapy. The ODG recommends that for the treatment of depression there is to be an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 visits (individual sessions)" may be necessary. Given that this is the initial request for individual sessions, the request for 12 sessions exceeds the recommended initial number of sessions set forth by the ODG. As a result, the request for "individual psychotherapy x 12 sessions (frequency unspecified)" is not medically necessary.

MEDICAL HYPNOTHERAPY/RELAXATION TRAINING X 12 SESSIONS (FREQUENCY UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnosis will be used as reference for this case. Based on the review of the medical records, the claimant was authorized for 6 group psychotherapy sessions in November 2013. He has not participated in any individual therapy nor hypnotherapy sessions. The ODG recommends that for the use of hypnosis the "number of visits should be contained within the total number of psychotherapy visits." For the treatment of depression, the ODG recommends "an initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 visits (individual sessions)" may be necessary. Given that this is the initial request for hypnotherapy sessions, which is to correspond to the same number of psychotherapy sessions, the request for 12 hypnotherapy/relaxation sessions exceeds the recommended initial number of sessions set forth by the ODG. As a result, the request for "medical hypnotherapy/relaxation training x 12 sessions (frequency unspecified)" is not medically necessary.

FOLLOW-UP OFFICE VISITS X 12 (FREQUENCY UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address follow-up office visits therefore, the Official Disability Guidelines regarding office visits and the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant began group psychotherapy session in November 2013, but has not participated in any type of individual services. It is unclear why there is a request for follow-up visits as this appears to be redundant to the request for psychotherapy sessions. The ODG suggests that for the treatment of depression an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 visits (individual sessions)" may be necessary. The ODG also indicates that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Given that the claimant has not begun any individual services for which reassessment has occurred and this request appears to be redundant, the request for "follow-up office visits 12 (frequency unspecified)" is not medically necessary.