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| Case Number: | CM14-0073264 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 05/06/2013 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 40-year-old male with a 5/6/13 date of injury and status post left shoulder arthroscopic surgery 9/12/13. The patient had ongoing neck pain, trapezial pain, left shoulder pain with numbness in the left arm, difficulty performing activities of daily living, anxiety/stress/depression resulting from chronic pain, decreased cervical range of motion, muscle spasms over the left shoulder, decreased left shoulder range of motion, tenderness to palpation over the left shoulder rotator cuff muscles, positive Neer's and Hawkin's impingement tests, and decreased strength of the left shoulder external rotators. The patient had an MRI of the left shoulder (7/3/13) which revealed mild supraspinatus tendinitis and negative for rotator cuff and labral tear. The patient's current diagnoses included left shoulder internal derangement and biceps tenosynovitis with bursitis, failed left shoulder surgery with progressive loss of range of motion and increased pain, and weakness/atrophy of the left upper extremity. The treatment to date included left shoulder arthroscopy, physical therapy, activity modification, and medications. In addition, medical report plan identifies MRI of the left shoulder as the patient's condition has worsened since surgery and findings are consistent with impingement syndrome; and consultation for cognitive behavioral therapy followed by 12 sessions of treatment to reduce effects of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty Referral: Cognitive Behavioral Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological evaluation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. The ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of left shoulder internal derangement and biceps tenosynovitis with bursitis, failed left shoulder surgery with progressive loss of range of motion and increased pain, and weakness/atrophy of the left upper extremity. In addition, there is documentation of chronic pain and a plan for a consultation with a psychologist for screening, assessment of goals, and further treatment options. Therefore, based on guidelines and a review of the evidence, the request for a cognitive behavioral consultation is medically necessary.

Cognitive Behavioral Therapy times twelve (12) sessions: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. The MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of left shoulder internal derangement and biceps tenosynovitis with bursitis, failed left shoulder surgery with progressive loss of range of motion and increased pain, and weakness/atrophy of the left upper extremity. In addition, there is documentation of chronic pain and stress/anxiety/depression. Furthermore, there is documentation of a plan identifying consultation for cognitive behavioral therapy followed by 12 sessions of treatment to reduce effects of chronic pain. However, given certification of an associated request for a cognitive behavioral consultation that is pending, there is no documentation of a specific treatment plan. In addition, the proposed number of sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for 12 cognitive behavioral therapy sessions is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) Left Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Minnesota Rules, Parameters for Medical Imaging.

Decision rationale: The MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. The ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of left shoulder internal derangement and biceps tenosynovitis with bursitis, failed left shoulder surgery with progressive loss of range of motion and increased pain, and weakness/atrophy of the left upper extremity. In addition, there is documentation of a previous MRI of the left shoulder performed on 7/3/13. Furthermore, given documentation of a left shoulder arthroscopy on 9/12/13 and a rationale for repeat imaging identifying the patient's condition has worsened since surgery and findings are consistent with impingement syndrome, there is documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to follow up a surgical procedure and to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for magnetic resonance imaging (MRI) left shoulder is medically necessary.