

Case Number:	CM14-0180174		
Date Assigned:	11/04/2014	Date of Injury:	04/12/2011
Decision Date:	01/02/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 44 year-old male [REDACTED] with a date of injury of 5/5/11. The claimant sustained injuries to his bilateral shoulders and upper extremities while working for [REDACTED]. In the "Orthopedic Postoperative Evaluation - PR-2 report dated 9/15/14, [REDACTED] diagnosed the claimant with: (S/P-right shoulder arthroscopic examination, arthroscopic surgery, and distal claviclectomy; (2) S/P left shoulder arthroscopic examination, arthroscopic surgery, and distal claviclectomy on 9/9/14; (3) Abutment syndrome of the right and left wrist; and (4) Musculoligamentous sprain/strain of the cervical spine. Additionally, in his PR-2 report dated 8/29/14, [REDACTED] diagnosed the claimant with: (1) C/S HNP; (2) Depression; (3) S/P R-CTR; and (4) B) shoulder impingement. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. According to the RFA from [REDACTED] dated 10/2/14, the claimant is diagnosed with: (1) Major depressive disorder, single episode; (2) Generalized anxiety disorder; (3) Male hypoactive sexual desire disorder; and (4) Insomnia. He has been receiving psychological and psychiatric services including group psychotherapy, relaxation/hypnotherapy sessions, and psychiatric medication management at Psychological Assessment Services. The request under review is for additional group psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Group Psychotherapy 1x week for 6 weeks to help cope with physical condition, levels of pain and emotional symptoms for symptoms related to right shoulder as an out-patient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Stress/Mental.

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 Cognitive therapy

Decision rationale: The CA MTUS does not address the use of group therapy or the treatment of depression therefore; the Official Disability Guideline regarding the treatment of depression will be used as reference for this case. In their "Requested Progress Report/Request for Treatment" dated 8/25/14, [REDACTED] and Psychological Assistant, [REDACTED], indicate that the claimant has a "sad and anxious mood, depressed affect, preoccupied with physical limitations." The objective findings are noted to be, "...persisting pain that interferes with his ADL's and his sleep....He feels sad, irritable and stressed. He reports relational problems with his family which he relates to his emotional condition." The diagnosis is listed as "unchanged." The progress is noted that the "patient has made some progress towards current treatment goes as evidenced by some improvement in managing emotional symptoms." Despite this information, there is no indication of the number of sessions completed to neither date nor the types of services being received. The treatment plan suggests continued group psychotherapy as well as relaxation training/hypnotherapy. Without more specific information about the number of sessions completed and the progress and improvements from each of the services being rendered, the need for additional group psychotherapy sessions cannot be fully determined. As a result, the request for an additional "6 Cognitive Behavioral Group Psychotherapy 1x week for 6 weeks to help cope with physical condition, levels of pain and emotional symptoms for symptoms related to right shoulder as an out-patient" is not medically necessary.