

Case Number:	CM14-0190775		
Date Assigned:	11/24/2014	Date of Injury:	12/11/2002
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 injured worker is a 54 year-old female [REDACTED] with a date of cumulative injuries of 12/11/02. The injured worker sustained injuries to her bilateral shoulders and upper extremities including her wrists and hands while working as an office manager for [REDACTED]. The injured worker has been treated over the years with medications, physical therapy, TENS unit, and surgeries. In a recent PR-2 dated 9/24/14, treating physician, [REDACTED], diagnosed the injured worker with: (1) Status post left shoulder arthroscopic revision rotator cuff repair; (2) Status post left shoulder acromioplasty; and (3) Right shoulder rotator cuff tendon tearing. Additionally, [REDACTED], in his PR-2 report dated 10/7/14, diagnosed the injured worker with Mood Disorder, other. The injured worker developed psychiatric symptoms secondary to her work-related orthopedic injuries and has been treated over the years with psychotropic medications and psychotherapy. In her "Psychological Evaluation" report dated 4/29/14, previously treating psychologist, [REDACTED], diagnosed the injured worker with: (1) Major depressive disorder, mild to moderate; (2) Generalized anxiety disorder, moderate; and (3) Chronic pain disorder associated with both psychological factors and an orthopedic condition. Additionally, in his Psychiatric QME report dated 6/10/14, [REDACTED] diagnosed the injured worker with: (1) Anxiety disorder, NOS; (2) Depressive disorder, NOS; and (3) Psychological factors affecting medical condition. He also deemed the injured worker MMI in the report. The request under review is for additional psychotherapy sessions that the injured worker can resume following several months of no treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six psychological visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 APA PRACTICE GUIDELINE FOR THE Treatment of Patients With Major Depressive Disorder Third Edition 2010

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression as well as the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the injured worker has received numerous psychological services over the past several years. It is noted that she completed between 12-24 psychotherapy sessions in 2008 and received treatment at the [REDACTED] in 2010. She began psychotherapy with [REDACTED] in March 2012 and completed a total of 58 sessions through February 2014. Although the injured worker was able to demonstrate some progress during her treatment with [REDACTED], it does not appear that she has been able to maintain them despite the amount of therapy that she has received over the years. In fact, [REDACTED], in his Psychiatric QME report dated 6/10/14, claimed that the injured worker had reached MMI status. He did not recommend additional psychotherapy however, he did recommend follow-up psychiatric care. Despite this, reports indicate that the injured worker's symptoms have increased as a result of her increase in pain and the fact that her services with [REDACTED] were discontinued in March 2014. Additionally, it is reported that the injured worker is in need of right shoulder surgery, which is also exacerbating her symptoms. Given this information, the need to resume psychological services appears reasonable. As a result, the request for "Six psychological visits" is medically necessary.