

<b>Case Number:</b>	CM14-0194716		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Family Medicine 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:

This is a 42 year old female patient who sustained a work related injury on 3/24/11. Patient sustained the injury due to a fall. The current diagnoses include sprain of the shoulder rotator cuff, brachial radiculitis, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc. Per the doctor's note dated 11/3/14, patient has complaints of pain in left hip, knee, shoulder and neck. Physical examination revealed antalgic gait, limited range of motion, positive Spurling test, tenderness on palpation and positive SLR and hyperesthesia in upper and lower extremity. The patient has had no depression, anxiety, alcohol abuse, suicidal ideation or sleep disturbances and she was feeling safe in relationship. The current medication lists includes Norco. The patient has had MRI of the low back on 1/2014 that revealed disc degeneration; MRI of the left shoulder on 2/3/14 that revealed small tear of tendon, MRI of the left hip dated 4/5/12 that was normal and Electromyography (EMG) of the upper extremity dated 3/12/14 that revealed left C6 and C7 radiculopathy. The patient has had received a subacromial injection on 3/20/14. The patient's surgical history includes lumbar spine surgery in 2009; tonsillectomy, breast reduction and gastric bypass. The patient has received 12 PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine". Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical Therapy 2 x 3 is not fully established for this patient. Therefore the request is not medically necessary.

**Pain psychology 1 x 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 11/21/14) Cognitive behavioral therapy (CBT)

**Decision rationale:** Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The details of any psychotherapy done since the date of injury were not specified in the records provided. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. The patient has had no depression, anxiety, alcohol abuse, suicidal ideation or sleep disturbances and she was feeling safe in relationship. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. A recent behavioral cognitive therapy evaluation note was not included in the records provided. The medical necessity of the request for Pain psychology 1 x 8 is not fully established in this patient. Therefore the request is not medically necessary.

