MAXIMUS Federal Services

Case Number:	CM15-0003679		
Date Assigned:	01/14/2015	Date of Injury:	02/18/2013
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

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 36 year old male who sustained a work related injury February 18, 2013. While walking on a scaffold holding a nail gun with the right hand, one of the boards shifted and he fell five feet to the ground landing on his left side and breaking the fall with the left arm. There was pain to the left shoulder wrist and low back. Assessment included post-traumatic left shoulder rotator cuff tear, massive (2cm with retraction in the glenoid level), ganglion cyst volar left wrist (flexor carpi radialis tendon resolution with aspiration). The injured worker underwent left shoulder arthroscopy with SLAP repair with suture anchor, subacromial bursectomy, and release of the coracoacromial ligament, subacromial decompression, and mini arthrotomy left shoulder, November 2013. According to an orthopedic follow-up report dated December 12, 2014, the injured worker is in physical therapy and is pending a psychiatric consultation. There is a re-rupture of the left shoulder rotator cuff tear (MRI dated 10/17/2014 present in medical record), and what the orthopedist considers a partial thickness tear and evidence of a full-thickness rotator tear, right shoulder. Treatment includes psychiatric evaluation, continue physical therapy for shoulders, request right shoulder arthroscopy for body part, physical therapy prior to surgical recommendation. In a December report from [redacted] the injured worker is diagnosed with both Major depressive disorder and Anxiewty disorder. According to utilization review performed December 30, 2014, the request for Psychotherapy (8) Sessions has been modified to Psychotherapy (3) Sessions certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, eight sessions: 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 Mental Illness and Stress Chapter

Decision rationale: The medical records indicate that the injured worker has developed psychiatric symptoms of depression and anxiety secondary to his work-related chronic pain. He has been diagnosed by [redacted] with both Major depressive disorder and an Anxiety disorder. It was recommended that the injured worker particiapte in follow-up psychotherapy services for 8 sessions biweekly for 16 weeks. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvment, total of up to 13-20 sessions (individual sessions) over 13-20 weeks" may be necessary.Utilizing this guideline, the request for an initial 8 sessions exceeds the initial number of 6 sessions set forth by the ODG. As a result, the request is not medically necessary. It is notedthat the injured worker recieved a modified authorization of 3 initial psychotherapy sessions in response to this request.