

Case Number:	CM15-0145067		
Date Assigned:	08/06/2015	Date of Injury:	09/01/2009
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 60-year-old female who sustained an industrial injury to her left shoulder on 09-01-2009. The injured worker was diagnosed with adhesive capsulitis, impingement syndrome and scapular dyskinesia. The injured worker has a medical history of multiple sclerosis since 1992 and a stroke in 2010. The injured worker is status post capsular release and excision of bone lesions in May 2011, left arthroscopic shoulder surgery in June 2012 (no procedure documented), and arthroscopic post-capsular closure in October 2013. The injured worker also underwent left wrist surgery in August 2013. Treatment to date has included diagnostic testing with recent left shoulder magnetic resonance imaging (MRI) in February 2015, surgery, shoulder injections, physical therapy (23 sessions), psychotherapy sessions, shoulder brace, home exercise program and medications. According to the primary treating physician's progress report on June 04, 2015, the injured worker continues to experience left shoulder pain rated as 4 out of 10 with medications and 10 out of 10 without medications. The injured worker is receiving physical therapy for the right shoulder. The injured worker ambulates with a cane and has a right sided limp. Range of motion was decreased without radiculopathy signs. Motor strength and sensory was intact with biceps reflex on the right documented at 1plus. According to the medical report dated July 8, 2015, the injured worker has less pain because of the recent physical therapy and is less depressed and more socially active. The injured worker is utilizing relaxation techniques effectively and a 20-minute hypnotherapy session was conducted with focus on deep relaxation and pain reduction. Current medications are listed as Ultram, Naproxen, Voltaren gel, Zolpidem and Prilosec. Treatment plan consists of continuing with physical therapy and home exercise

program with heat and ice protocol and the current request for Psychotherapy twice a month for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 per month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 31. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT guidelines for chronic pain: ACOEM Guidelines, chronic pain, Cognitive behavioral therapy, pages 112 and 321.

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services with [REDACTED] for an unknown number of sessions. In the most recent PR-2 report, dated 7/8/15, [REDACTED] fails to document the number of completed sessions. Additionally, there is minimal progress and improvements noted. The CA MTUS recommends up to 6-10 psychotherapy visits for the treatment of chronic pain. Without more information regarding the completed services, the request for an additional 12 sessions is not medically necessary.