

Case Number:	CM15-0145261		
Date Assigned:	08/06/2015	Date of Injury:	10/01/2011
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 10-01-2011. Diagnoses include right rotator cuff tear with retraction, status post right and left carpal tunnel release and status post right and left ulnar nerve release. Treatment to date has included surgical intervention, psychological care and medication management. Current medications include Aspirin, Benazepril, Ibuprofen and Tramadol. Per the most recent submitted Primary Treating Physician's Progress Report dated 6-15-2015, the injured worker reported right arm numbness and tingling. Physical examination of the right upper extremity revealed full range of motion of the elbow and a mildly tender ulnar nerve. The plan of care included a referral to another provider and continuation of work restrictions. Authorization was requested for psychotherapy with hypnosis for pain management 1-2 weeks for 6 months (total of 12) and psychotherapy with hypnosis (DOS 6-04-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy with hypnosis for pain management 1-2 weeks 6 months total 12.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Hypnosis.

Decision rationale: The claimant has a history of a work injury occurring in October 2011 and continues to be treated for right upper extremity numbness and tingling. Treatments have included psychotherapy including hypnotherapy. As of 06/04/15 he had completed 12 treatments. When seen, he was having ongoing right shoulder and upper extremity pain. There was full elbow range of motion. There was mild ulnar nerve tenderness. Additional hypnotherapy treatment sessions 1-2 times per week for six months was requested. Hypnosis is recommended as a conservative option, and may have a positive effect on pain and quality of life for patients with chronic muscular pain. Guidelines recommend an initial trial of 4 visits over 2 weeks and, with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. In this case, the claimant has already had treatment in excess of that recommended and the claimant remains unemployed. The number of additional treatments and duration of treatment is in excess of the guideline recommendation and not medically necessary.