

Case Number:	CM15-0147372		
Date Assigned:	08/10/2015	Date of Injury:	07/20/2013
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 30 year old male, who sustained an industrial injury on 7-20-2013. He reported an extension injury to his left shoulder and arm. The injured worker was diagnosed as having adhesive capsulitis of shoulder, pain in joint, shoulder region, and brachial neuritis. Treatment to date has included diagnostics, rest, medications, approximately 12 sessions of physical therapy, and an injection to his left shoulder. Currently, the injured worker complains of left shoulder girdle and left upper extremity pain. Pain was rated 3.5-4 out of 10 and associated symptoms included dysesthesia in the left upper extremity. A review of symptoms was positive for depression, anxiety, and sleep disturbance. He reported a poor mood and decreased levels of physical activity and enjoyment of life. No medication use was documented. The treatment plan included a referral for physical therapy, acupuncture, psychology evaluation, and 6 sessions of psychotherapy. The patient has had EMG of upper extremity on 12/10/13 that revealed no neuropathy. The patient's surgical history include knee surgery in 2013. The patient sustained the injury when he was starting a motor on boat. Patient had received an injection in his left shoulder. Per the note dated 6/23/15 the patient had complaints of pain in left shoulder and upper extremity at 3/10. Physical examination revealed decreased sensation in upper extremity, full ROM of left shoulder and cervical region, trigger points in upper back. On review of system patient has had depression, anxiety, sleep disturbances and restlessness. A recent detailed psychological/psychiatric evaluation note of a psychiatrist was not specified in the records provided. The current medication list was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. Patient has received an unspecified number of PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture /pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Six acupuncture sessions are not medically necessary.

6 psychotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 23 Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) 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 cited guideline allows the psychotherapy visits Initial trial of 3-4 psychotherapy visits over 2 weeks. The requested visits are more than the recommendations of the cited guidelines. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. Furthermore, documentation of response to other measures such as oral pharmacotherapy was not provided in the medical records submitted. The request for 6 psychotherapy sessions is not medically necessary for this patient.