

Case Number:	CM15-0216807		
Date Assigned:	11/06/2015	Date of Injury:	06/06/2013
Decision Date:	12/24/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 41-year-old male who sustained an industrial injury on June 06, 2013. The worker is being treated for: chronic right shoulder pain, depressive disorder. Subjective: October 23, 2015 reported chief complaint rotator cuff pain, difficulty sleeping and depression. Objective: October 23, 2015 noted the right shoulder ROM remained restricted to about 90 degrees of abduction. Medication: May 2015, June 24, 2015, August 25, 2015: Hydrocodone APAP, Ibuprofen, and Trazadone. October 23, 2015: her stated "did not find Trazadone effective with sleep." Current regimen noted Hydrocodone APAP, Ibuprofen, Melatonin, and Trazadone. Treatment: activity modification, medication, right shoulder surgery July 2014, orthopedic surgery referral, September 29, 2015 injection administered right occipital groove and subacromial space, prior PT and acupuncture sessions, work hardening program noted increasing his pain. On October 29, 2015 a request was made for psychology consultation, physical therapy referral and acupuncture referral which were noncertified by Utilization Review on November 03, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, Psychological treatment, Weaning of Medications.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain, depressed mood, and problems sleeping. These records documented symptoms and findings consistent with depression that were interfering with the worker's coping skills, and this consultation was expected to increase the worker's function. In light of this supportive evidence, the current request for consultation with a pain psychologist is medically reasonable.

Physical therapy referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing right shoulder pain, depressed mood, and problems sleeping. These records described pain and psychologic symptoms that, together with psychologic support, would likely be helped by some therapist- directed physical therapy. However, the request was for an indefinite number of sessions, which would not account for changes in the worker's care needs or allow for a determination of support by the Guidelines. For these reasons, the current request for an unspecified number of physical therapy sessions for an unspecified issue done with an unspecified frequency is not medically necessary.

Acupuncture referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain, depressed mood, and problems sleeping. There was no discussion suggesting a significant issue with pain medication, specifying the goals of this treatment, or describing special circumstances that sufficiently supported this request. Further, the request did not specify the number of sessions needed, and a single consultation would not be treatment-directed or expected to improve the worker's function. For these reasons, the current request for an unspecified number of acupuncture sessions is not medically necessary.