

Case Number:	CM15-0059933		
Date Assigned:	04/06/2015	Date of Injury:	04/20/2010
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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 58 year old female, who sustained an industrial injury on 4/20/10. She reported right shoulder pain and right elbow pain with numbness in the left hand. The injured worker was diagnosed as having post-concussive syndrome with vertigo and cognitive deficits, post-traumatic stress disorder, status post right elbow fracture and open reduction internal fixation, right ulna fracture with open reduction internal fixation, and right shoulder partial rotator cuff tear post arthroscopic surgery on 2/21/14. Treatment to date has included medications such as Cymbalta and Lyrica. Currently, the injured worker complains of right shoulder pain. The treating physician requested authorization for 12 sessions of psychotherapy. A physician's report noted the injured worker has not been seen by a psychiatrist for post-traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression; Cognitive therapy for PTSD.

Decision rationale: Based on the review of the UR determination letter, the injured worker has been experiencing symptoms of depression and anxiety. Unfortunately, no psychological records, including a psychological evaluation, were included for review. Without any records documenting the injured worker's psychiatric symptoms and current functioning, the need for follow-up psychological services cannot be determined. Additionally, the request for an initial 12 sessions exceeds the ODG recommendations which recommend an "initial trial of 6 visits." As a result, the request is not medically necessary.