

<b>Case Number:</b>	CM15-0062033		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 50 year old female, who sustained an industrial injury on 9/9/09. She reported initial complaints of pain in the left shoulder. The injured worker was diagnosed as having depressive disorder, anxiety disorder, female hypoactive sexual desire, and sleep disorder due to chronic pain. Treatment to date has included medication, diagnostics, surgery (right shoulder rotator cuff repair 8/17/10, manipulation under anesthesia 12/28/10, 12/21/11, left shoulder rotator cuff repair 11/27/12, manipulation under anesthesia 3/19/13), psychology, and cognitive behavioral therapy. Currently, the injured worker complains of chronic pain to left shoulder with associated sleep disturbance, depressive disorder, and anxiety disorder. Per the physician's report from 1/16/15 reported continued sad, emotional, and sensitive state. There was decreased concentration, anxious mood, memory difficulties, and preoccupation with pain. Current plan of care included cognitive behavior therapy, and relation training hypnotherapy. The requested treatments include group medical psychotherapy session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group medical psychotherapy session:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and Stress chapter.

**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 & Stress, Group Therapy.

**Decision rationale:** The claimant sustained a work-related injury in September 2009 and continues to be treated for chronic left shoulder pain. She is receiving psychological treatments for anxiety and depression. In terms of group therapy, this is recommended as an option for the treatment of posttraumatic stress disorder which is not being treated in this case. The request is therefore not medically necessary.