

Case Number:	CM15-0087889		
Date Assigned:	05/12/2015	Date of Injury:	10/04/2010
Decision Date:	06/16/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/07/2015

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 65 year old male, who sustained an industrial injury on October 4, 2010. He reported right shoulder pain with limited range of motion. The injured worker was diagnosed as having chronic right shoulder pain following rotator cuff tear, right shoulder rotator cuff repair, right shoulder arthroscopy with debridement of the glenohumeral joint, labrum, biceps tenodesis and subacromial decompression and rule out adhesive capsulitis. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right shoulder, aquatic therapy, a functional restoration program, medications and work restrictions. Currently, the injured worker complains of continued right shoulder pain with decreased range of motion. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he benefited from previous aquatic therapy and that he did well with the functional restoration program. Evaluation on April 30, 2015, revealed continued pain. It was noted that he may benefit from further aquatic therapy and four sessions of pain psychology was requested as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology, once a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), cognitive behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain related to his industrial injury. It appears that the injured worker completed a functional restoration program towards the end of 2014 however, he did not participate in any follow-up aftercare. As a result, he has experienced decompensation in his ability to manage his pain. In the 4/30/14 progress report, it is noted that the injured worker had previously treated with psychologist, [REDACTED], in the FRP. It is suggested that he resume individual sessions with her in order to review the skills previously learned and increase his functioning level. Given the fact that the injured worker did not participate in any follow-up aftercare psychotherapy sessions following his discharge from the FRP, the request for 4 pain psychology sessions appears appropriate and reasonable. As a result, the request for pain psychology sessions once a week for 4 weeks is medically necessary.