

Case Number:	CM14-0146880		
Date Assigned:	09/12/2014	Date of Injury:	12/31/2005
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 67 year-old male with a date of injury of 12/31/05. The claimant sustained injury to his upper extremities due to performing usual and customary duties while working as a janitor for [REDACTED]. In the "Visit Note" dated 7/29/14, Physician Assistant, [REDACTED], under the supervision of [REDACTED], diagnosed the claimant with: (1) Pain in joint shoulder; (2) Pain in joint forearm; and (3) Pain in joint hand. Additionally, in the "Final Permanent and Stationary Report, PR-4" dated 6/18/14, [REDACTED] diagnosed the claimant with: (1) Impingement syndrome, rotator cuff tear, AC joint degenerative change and spurring and degenerative SLAP tear; and (2) Good result following surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Follow-Up Visits with a Psychologist Between 8/26/2014 and 10/10/2014: Upheld

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

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

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatments and behavioral interventions will be used as references for this case. Based on the review of the

medical records, the claimant continues to experience chronic pain since his injury in December 2005. In addition, there is mention that the claimant is experiencing symptoms of depression and anxiety. In the "Visit Note" dated 7/29/14, Physician Assistant, [REDACTED] indicated that in addition to his pain, the claimant "also reports an increase in anxiety and depression" and that "the patient would benefit from cognitive behavioral therapy." Given this information, a psychological consultation may be appropriate. The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Without a recent psychological evaluation, which will offer more specific diagnostic information and appropriate treatment recommendations, the request for psychotherapy is premature. As a result, the request for "6 Follow-Up Visits with a Psychologist Between 8/26/2014 and 10/10/2014" is not medically necessary.