

Case Number:	CM14-0161468		
Date Assigned:	10/06/2014	Date of Injury:	09/09/2009
Decision Date:	12/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 a licensed Psychologist 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 50 year-old female (██████████) with a date of injury of 9/9/09. The claimant sustained injury to her shoulders when she lifted a box weighing approximately 40 pounds and she slipped and fell, which resulted in the claimant using her arms to brace her fall as she landed onto her buttocks with the box landing in her lap. The claimant sustained this injury while working for ██████████. In his "Orthopedic Exam Report" dated 9/5/14, ██████████ diagnosed the claimant with rotator cuff repair and adhesive capsulitis of shoulder. Additionally, in his "Orthopedic Joint Panel Qualified Medical Re-Evaluation" dated 9/7/14, ██████████ diagnosed the claimant with: (1) Impingement syndrome, bilateral shoulders; (2) Status post left shoulder rotator cuff repair with arthroscopic subacromial decompression; (3) Status post manipulation under anesthesia, left shoulder; (4) Status post right shoulder manipulation under anesthesia; (5) Status post right shoulder manipulation under anesthesia with open rotator cuff repair, distal clavicle resection, and lysis of adhesions; and (6) Postoperative adhesive capsulitis, bilateral shoulders. She has been treated via medications, physical therapy, surgery, CPM machine, a cold therapy machine, and a dynasplint. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries and has been receiving psychotropic medications by psychiatrist, ██████████, and participating in psychological services with ██████████ and or his interns. In the RFA dated 8/12/14, the claimant is diagnosed with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS; (3) Female hypoactive sexual desire disorder; and (4) Sleep disorder due to chronic pain. The request under review is for a follow-up visit with the Psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology follow-up visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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

Decision rationale: The CA MTUS does not address follow-up visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience pain since her injury in September 2009 and completed another left shoulder surgery in March 2014. She has also been receiving psychiatric and psychological treatment for symptoms of depression and anxiety secondary to her chronic pain. In the "Requested Progress Report/Request for Treatment" dated 7/25/14, [REDACTED] and Psychological Assistant, [REDACTED], report that the claimant's "...mood is currently stable" although they list her mood as "sad and anxious" under the objective findings. The claimant's progress is noted as, "Patient reports of stable mood." There is insufficient documentation to support the need for a psychology follow-up. It is also unclear what purpose the office visit is to serve as the claimant participates in group therapy and hypnotherapy sessions. As a result, the request for a "Psychology follow-up visit" is not medically necessary.