

Case Number:	CM14-0210680		
Date Assigned:	12/23/2014	Date of Injury:	02/04/2011
Decision Date:	02/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Physical Medicine & Rehabn

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 patient is a 44 year old male with the injury date of 02/04/11. Per physician's report 12/08/14, the patient has left shoulder pain at 7/10, radiating down his left hand. The patient had 3 left shoulder surgeries for labral tear repair and the recent surgery was performed on 11/13/12. The patient feels depressed and frustrated due to chronic pain. The patient had 18 psychotherapy sessions between 06/06/13 and 07/08/14 and has been treated with antidepressant medications. The lists of diagnoses are:1) Left shoulder labral tear with SLAP lesion (MRI conformed)2) S/P left shoulder SLAP repair3) Left cervical radiculitis4) Left carpal tunnel syndrome5) Right shoulder overuse syndrome Per 07/08/14 progress report, the patient experiences "major depression, anger, irritation, free floating anxiety, gross pessimism and negativity." Psychotherapy is ceased. The patient takes medications for depression, anxiety and sleep prescribed by his psychiatrist [REDACTED]. Per 04/25/14 report, the patient states "I do not feel like doing anything, I am always tired. I am always without a desire to do anything. I feel worthless." His psychiatrist [REDACTED]. changed medications. The utilization review determination being challenged is dated on 12/09/14. Treatment reports were provided from 12/03/13 to 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention Page(s): 23.

Decision rationale: The patient presents with left shoulder pain and major depression. The request is for 15 psychotherapy sessions. MTUS page 23 states regarding behavioral intervention, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." For number of sessions, ODG guidelines Pain Chapter recommend initial trial of 3-4 psychotherapy visits, and with objective functional improvement, up to 10 sessions. For major depression, ODG recommend 13-20 sessions and with improvements, up to 50 sessions. In this case, the patient has had 18 psychotherapy sessions between 06/06/13 and 07/08/14. None of the reports discuss how the patient has responded to psychotherapy or what can be accomplished with additional therapy. There are no discussions regarding the patient's major depression either. The patient is depressed and frustrated due to pain. Additional psychotherapy would not be indicated unless there is adequate documentation of major depression that is improving with current treatment. For chronic pain, only 8 sessions are recommended. The request of 15 sessions of psychotherapy is not medically necessary.