

Case Number:	CM15-0114258		
Date Assigned:	06/22/2015	Date of Injury:	08/18/2009
Decision Date:	08/11/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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 49 year old female, who sustained an industrial injury on 8/18/09. The injured worker has complaints of bilateral shoulder pain right worse than the left. Right shoulder examination revealed tenderness at the acromioclavicular (AC) joint and tenderness on the medial border of right scapular area. Left shoulder examination revealed tenderness at the acromioclavicular (AC) joint. The diagnoses have included right shoulder sprain; bilateral lateral epicondylitis and bilateral carpal tunnel. Treatment to date has included medications; home exercise program; acupuncture and magnetic resonance imaging (MRI) of the right shoulder on 11/22/14 showed rotator cuff tear with supraspinatus and infraspinatus tendinitis and acromioclavicular joint arthritis. The request was for psychotherapy 6 months per 4/8/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 6 months per 4/8/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), psychotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 01-102; 23.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in 2009. The request under review is from the injured worker's pain management physician, not a mental health professional and not based on any recent psychological evaluation. The injured worker did complete a psychiatric AME with [REDACTED] in February 2015. Unfortunately, [REDACTED] did not discuss or recommend any psychological treatment. Therefore, the need for 6 months of psychotherapy has not been substantiated. Additionally, the request for 6 months of initial psychotherapy is excessive and does not follow CA MTUS guidelines. As a result, the request for psychotherapy 6 months is not medically necessary.