

Case Number:	CM15-0063177		
Date Assigned:	04/09/2015	Date of Injury:	02/15/2012
Decision Date:	05/12/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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 60-year-old male, who sustained an industrial injury on 2/15/2012. The mechanism of injury is not indicated. The injured worker was diagnosed as having status post rotator cuff repair, adhesive capsulitis of right shoulder, acute medial meniscal tear and chronic leg and shoulder pain. Treatment to date has included medications, home exercise program, modified work, laboratory evaluations. The request is for psychotherapy. On 3/10/2015, he is seen for right shoulder pain. He had a cortisone injection 2 weeks prior and indicates a greater than 50% improvement with pain and greater than 15% improvement in range of motion. He reports continued discomfort and need for Norco and Ultram. The treatment plan included request for hyaluronic acid injection to shoulder, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 has continued to experience chronic pain since his work-related injury. The request under review is for an initial trial of 8 psychotherapy sessions. Unfortunately, there has been no psychological evaluation conducted that not only will offer more specific diagnostic information, but appropriate treatment recommendations as well. Without a thorough evaluation, the need for follow-up sessions cannot be determined. Additionally, if it is recommended that follow-up psychological services would be beneficial, the CA MTUS recommends an initial trial of 3-4 visits. Given this information, the request for 8 psychotherapy sessions is not medically necessary. It is noted that the injured worker was authorized for a psychological evaluation based on a different request and was given an authorization for a modified 3-4 sessions in response to this request. Therefore, this request is not medically necessary.