

<b>Case Number:</b>	CM15-0091080		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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:

This is a 52 year old female with a December 2, 2010 date of injury. A progress note dated April 10, 2015 documents subjective findings (right shoulder pain rated at a level of 1/10 with medications and 3/10 without medications; activity level has increased), objective findings (antalgic gait; surgical scar of the right shoulder; restricted movement of the right shoulder; tenderness to palpation of the right knee), and current diagnoses (knee pain; sleep disturbances; lateral right knee pain secondary to lateral collateral ligament sprain; right shoulder pain status post arthroscopic rotator cuff repair). Treatments to date have included medications, imaging studies, physical therapy, shoulder surgery, and steroid injection. The medical record identifies that medications are working well. The treating physician documented a plan of care that included referral for pain management psychotherapy for evaluation for cognitive behavioral therapy and pain coping skills training.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for pain management psychologist, for evaluation for cognitive-behavioral therapy and pain coping skills training:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain from her work-related orthopedic injury despite having made some progress with other therapies including medications. In the April 2015 progress note, treating provider, [REDACTED], acknowledges some of the progress that has been made, but also reports continued symptoms. In that note, he recommends a pain psychology evaluation. The CA MTUS recommends the use of psychological evaluations in order to offer specific diagnostic information and appropriate treatment recommendations to help pain patients learn effective skills and tools to help them manage and reduce their chronic pain. Since the psychological field is out of the scope of [REDACTED] practice, the referral for a psychological evaluation appears reasonable and medically necessary.