

Case Number:	CM15-0093471		
Date Assigned:	05/21/2015	Date of Injury:	10/02/2014
Decision Date:	06/26/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 42-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 2, 2014. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for an orthopedic consultation and cognitive behavioral therapy for evaluation and testing in unspecified amounts. The claims administrator did seemingly allude to the applicant's having had earlier shoulder surgery. A RFA form dated April 27, 2015 and associated progress note of April 10, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 13, 2015, tramadol, Flexeril and Zofran were renewed. In a RFA form dated April 13, 2015, tramadol, Flexeril and Zofran were sought. In an RFA form dated April 22, 2015, orthopedic consultation, six sessions of physical therapy, and unspecified amounts of cognitive behavioral therapy, evaluation and testing were sought. In an April 10, 2015 progress note, the applicant reported ongoing complaints of shoulder pain. It was suggested that the applicant had a variety of familial issues. The applicant had apparently had conflict with his son and was also in the progress of obtaining a divorce. The applicant had had shoulder surgery some several years prior, it was stated. An earlier shoulder corticosteroid injection was unsuccessful, it was stated. The applicant's medications included tramadol, Zofran, Naprosyn, Motrin, Lodine, and Flexeril, it was noted. Carrying and lifting remained problematic. It was suggested that the applicant has been laid off by his employer. Crepitation and mildly limited shoulder range of motion and shoulder strength were appreciated. Orthopedic referral, tramadol, Flexeril, psychologic referral, Zofran, and six sessions of physical therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation for right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 6, Independent Medical Examinations and Consultations, page 127, 156.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the proposed orthopedic consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing the particular cause of delayed recovery. Here, the requesting provider, a pain management physician, was likely uncomfortable treating and/or addressing issues with delayed recovery associated with the applicant's previously failed shoulder surgery. Obtaining the added expertise of a practitioner better-equipped to address the applicant's shoulder issues, namely an orthopedic shoulder surgeon was, thus, indicated, given the applicant's history of earlier failed shoulder surgery. Therefore, the request was medically necessary.

Cognitive Behavioral Therapy for evaluation and testing for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Modifications Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400; 405; 397.

Decision rationale: Conversely, the request for unspecified amounts of cognitive behavioral therapy for evaluation and testing purposes was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that cognitive behavioral therapy can be problem-focused, with strategies intended to alter an applicant's perception of stress or emotion-focused, with strategies intended to alter an applicant's response to stress, this recommendation is, however, qualified by commentary made in ACOEM Chapter 15, page 397 to the effect that neuropsychological testing is not indicated earlier in the diagnostic evaluation and by commentary in ACOEM Chapter 15, page 405 to the effect that the frequency of follow-up visits should be determined by the severity of an applicant's mental health symptoms. Here, thus, the request for open-ended cognitive behavioral therapy, psychological testing and unspecified psychological testing, taken together, run counter to ACOEM principles and parameters as ACOEM Chapter 15, page 405 stipulates that the frequency of follow-up visits should be dictated by the severity of the an applicant's symptoms. Similarly, ACOEM Chapter 15, page 397 states that one should avoid the temptation

of performing exhaustive psychological testing on an applicant as such searches are generally unrewarding. ACOEM notes that psychological testing is most useful in assessing functional status or determining workplace accommodations in applicants with stable cognitive deficits. Here, the applicant's cognitive issues did not appear to have been stable. The applicant was having issues with marital discord, conflict with a son, and insomnia on or around the date of the request. The applicant's cognitive issues did not, thus, appear to be stable. The applicant has, furthermore, been terminated by his former employer making it unlikely that the cognitive testing in question would have been employed for the purposes of determining workplace accommodations. Therefore, the request was not medically necessary.