

Case Number:	CM14-0149147		
Date Assigned:	09/18/2014	Date of Injury:	05/31/2012
Decision Date:	10/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old patient had a date of injury on 5/31/2012. The mechanism of injury was not noted. In a progress noted dated 8/21/2014, the patient complains of low back pain, right shoulder pain. There is increased pain in left hip region, and it radiates down the left leg at times. On a physical exam dated 8/21/2014, there are muscle aches, muscle weakness, and she has trouble standing, walking, and sitting. On palpation, there was no significant paraspinal spasm or trigger joint tenderness of the muscle groups. Motor strength was intact as well as sensation. The diagnostic impression shows lumbago, pain in shoulder. Treatment to date: medication therapy, behavioral modification, physical therapy, psychology sessions. A UR decision dated 9/3/2014 denied the request for Psychology sessions #8, stating there were no progress notes included for review regarding benefit from previous psychological sessions and how many sessions were attended. Furthermore, there is no description of psychological complaints such as depression and anxiety in the notes reviewed. Physical therapy (PT) 2 times 4 to right shoulder was denied, stating that this patient has had 22 prior sessions of PT and response to therapy was not indicated. Furthermore, there was no reason the deficits could not be addressed with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology sessions 1 times 8: 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 Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. In the 8/21/2014 progress note, it was noted that this patient had previous pain psychology sessions. However, there was no clear rationale provided regarding the medical necessity of further sessions, and the objective benefits from previous sessions, as well as the number of previous visits, were not found in the documentation provided to justify further sessions. Therefore, the request for pain psychology sessions times 8 is not medically necessary.

Physical therapy 2 times 4 to right shoulder: 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 Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 114; Official Disability Guidelines (ODG) Shoulder chapter

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 10 visits over 8 weeks for sprained shoulder. In the reports viewed, this patient had a date of injury in 5/31/2012, and it was unclear how many previous physical therapy visits this patient has had. Furthermore, the functional benefits from these previous sessions were not documented, and there was no rationale provided regarding what additional benefit physical therapy would provide this patient. Therefore, the request for physical therapy 2 times 4 for right shoulder is not medically necessary.