

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/30/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 08/15/2013
Date of Injury: 06/18/2012
IMR Application Received: 08/15/2013
MAXIMUS Case Number: CM13-0017398

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient suffered an industrial accident although the details are not in the report. She suffered injuries to her wrists. One wrist has had surgery for carpal tunnel syndrome, the other wrist, with the same problems, is being requested to have surgery as well. The patient has had psychotherapy and made functional progress according to the therapist. She is diagnosed with PTSD, major depressive disorder (mild) although suicidal ideation is noted in a contradictory manner a few times in the record. The patient reports flashbacks. The request is for 18 additional psychotherapy sessions, and only 12 have been approved. There is an appeal.

IMR DECISION(S) AND RATIONALE(S)

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

1. Psychotherapy x 18 sessions/modified per PA for 12 sessions is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Mental Illness and Stress, which is not part of MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines, Mental Illness and Stress, which is not part of MTUS.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines(ODG) guidelines indicate that initial trial of 6 visits over 6 weeks. With evidence of objective functional improvement, total of up to 12-20 visits over 13-20 weeks (individual sessions). The requested number of visits exceed the guidelines

recommendation. Whereas in extreme cases of combined depression and Posttraumatic stress disorder(PTSD) may require more sessions if documented that cognitive behavioral therapy (CBT) is being done and progress is being made. This employee is described as having major depression, mild type. Although PTSD is reported, there is no documentation of cause of the injury that would justify this diagnosis and symptomatology listed does meet the criteria (DSM IV) to support the diagnosis. Since the requested number of visits exceeded the guidelines, the request is non-certified. **The request for Psychotherapy x 18 sessions/modified per PA for 12 sessions is not medically necessary and appropriate.**

/fn

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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