
Notice of Independent Medical Review Determination

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/2/2013
Date of Injury: 5/1/2010
IMR Application Received: 7/19/2013
MAXIMUS Case Number: CM13-0002227

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional psychotherapy sessions QTY: 8 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a psychiatric evaluation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional psychotherapy sessions QTY: 8 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a psychiatric evaluation **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, has a subspecialty in General Psychiatry, Addiction Medicine and Pain Management, and is licensed to practice in California. He 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

CLINICAL SUMMARY:

"[REDACTED] is a 30 year old male (DOB: 02/21/82), Maintenance worker for [REDACTED] with a date of injury 05/01/10. He was building a cabana at a campground site, when he slipped on a platform near a sloped hill and fell 20 feet down. The carrier has accepted multiple body parts. Released with work restrictions but the employer is not able to accommodate."

Documents Reviewed for Determination:

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

- Application for Independent Medical Review (received 7/19/2013)
- Utilization Review Determination from [REDACTED] (dated 7/2/2013)
- Medical Records provided by the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for additional psychotherapy sessions QTY: 8

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for PTSD which is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated the MTUS did not address the issue at dispute and found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on May 1, 2010 to the left wrist. The medical records provided indicate a diagnosis of left distal radius fracture. Treatments have included surgical intervention, physical therapy, psychotherapy, and medication management. The records do note the employee is said to have suffered post-traumatic stress disorder but without any symptom complex consistent with same. The request is for additional psychotherapy sessions Qty:8.

The Official Disability Guidelines indicate criteria for psychotherapy for individuals showing active signs of post-traumatic stress disorder (PTSD). The 3 key criteria for PTSD are avoidance, hypervigilance, or re-experiencing. The medical records reviewed do not document any of these signs; primary complaints are centered on apparent irritability relative to decreased mobility in the effected region, and there is only documentation of "disturbing dreams" which does not meet guideline criteria for psychotherapy. The request for additional psychotherapy sessions Qty:8 is not medically necessary and appropriate.

2) Regarding the request for a psychiatric evaluation:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ACOEM Occupational Medicine Practice Guidelines (2009), Chapter 7, pg. 127 and the Official Disability Guidelines (ODG) Psychotherapy Interventions for PTSD, which are not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated MTUS did not address the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on May 1, 2010 to the left wrist. The medical records provided indicate a diagnosis of left distal radius fracture. Treatments have included surgical intervention, physical therapy, psychotherapy, and medication management. The records do note the employee is said to have suffered post-traumatic stress disorder but without any symptom complex consistent with same. The request is for a psychiatric evaluation.

The ODG guideline recommendation for psychotherapy is initial trial of 6 visits over 6 weeks, with evidence of objective functional improvement, and more sessions can be added. However, in this case, the medical records reviewed do not document the classic constellation of symptoms consistent with post-traumatic stress disorder; that of avoidance, re-experiencing, and hyperarousal. Documented issues are directed mainly at a minor disuse syndrome associated with the effected limb. The request for a psychiatric evaluation is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

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.