

Case Number:	CM13-0010429		
Date Assigned:	03/19/2014	Date of Injury:	07/19/1993
Decision Date:	07/25/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/13/2013

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 Psychologist and is licensed to practice in Texas. 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:

The injured worker is a 62 year-old Female who reported an injury on 07/19/1993 due to an unknown mechanism. The injured worker had complaints of right knee pain. Physical examination on 05/01/2013 revealed the knee to extend to 0 degrees and flex to 120 degrees. McMurray was positive. The injured worker was recommended to weight loss program. Also to be referred to behavioral therapy due to delayed recovery. The diagnoses were cervical strain, right shoulder impingement syndrome with acromioclavicular joint pain, left shoulder pain following arthroscopy and rotator cuff repair, right long digit pain following trigger finger release, left wrist pain following carpal tunnel release, bilateral first carpometacarpal joint pain, multilevel lumbar disc desiccation and bulging with stenosis, right knee osteoarthritis status post arthroscopy, recurrent right knee medial meniscal tear, status post left long trigger finger release, hypertension, left knee lateral meniscal tear. The injured worker had seen a psychiatrist and stated it was helping. Documents provided from her cognitive behavioral group psychotherapy sessions do not state any improvement or functional progress. Medications were not reported. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP THERAPY ONCE WEEKLY X 10 VISITS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT, ODG Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: The request for cognitive behavioral group therapy once weekly X 10 weeks is non-certified. The document submitted for review is lacking information. There is not much documentation regarding the reasoning for the request and there is no diagnosis or medications. The California Medical Treatment Utilization Schedule states screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The document submitted for review lacks documentation of symptoms and functional progress in therapy. The injured worker does not have a diagnosis for this request. Therefore, the request is non-certified.