

<b>Case Number:</b>	CM13-0013260		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/09/1980
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Family Practice 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 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. 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 patient is a 60-year-old male who reported a work-related injury on 10/09/1980. The patient had been advised that he required a left total hip replacement arthroplasty. He underwent dental work to clear up a dental infection in preparation for his left total hip arthroplasty. An MRI scan of the right knee revealed a lateral and medial meniscal tear. The patient was noted to have failed all attempts at aggressive conservative management for his right knee. He was noted to have complaints of depression and sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) cognitive behavioral psychotherapy sessions between 6/26/13 and 9/17/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, page 23

**Decision rationale:** The recent clinical documentation submitted for review stated that the patient indicated that his stress and anxiety had prevented him from multitasking and managing

the responsibilities of everyday life. He had difficulty making decisions and communicating with people. The patient stated that he struggled with accepting his limitations and setting appropriate goals for himself. More recent clinical documentation stated that the patient was complaining of widespread body pain, especially in his hip. The patient was requesting pool therapy, as he wanted to be in shape for when he underwent hip surgery. The patient was noted to be trying to view his situation as having a positive outcome. He was open to trying new ways of treatment so that his behavior reflected hope and optimism. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that an initial trial of 3 to 4 psychotherapy visits every 3 weeks is recommended; and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions. It is unclear per the submitted clinical documentation as to how many cognitive behavioral psychotherapy sessions the patient had prior to 06/26/2013. There was a lack of evidence noting objective functional improvements for the patient after an initial trial of 3 to 4 psychotherapy visits. There was a lack of clinical exam findings for the patient noting his mental and physical signs and symptoms. Given the above, the request for 8 cognitive behavioral psychotherapy sessions between 06/26/2013 and 09/17/2013 is non-certified.