

Case Number:	CM13-0020319		
Date Assigned:	10/11/2013	Date of Injury:	04/29/2011
Decision Date:	01/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/05/2013

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 Psychiatry 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. 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 case involves a 39 year old patient who stepped onto an oiled form and slid down the bridge slope. Surgical history includes right ankle joint surgical arthroscopy and debridement and open reduction and internal fixation of malunion/nonunion of the right fibula on 11/18/2011. The patient also underwent a right ankle joint surgical arthroscopy and debridement and removal of 1 plate and screws in the right fibula on 06/01/2012 due to retained painful hardware in the fibula and right ankle. The patient was noted to be status post ankle fracture and posttraumatic bone spurs and synovitis. The patient underwent a right ankle arthroscopy with synovectomy and removal of bone spurs from the tibia plafond, and hardware removal on 08/06/2013. Medications include Keflex. Diagnostic studies were not stated. Other therapies include psychotherapy and physical therapy. The patient was noted to have sustained a work related injury on 04/29/2011. Based on the documentation submitted for this review, the patient has apparently previously participated in a total of 36 psychotherapy sessions from 07/10/2012 to 08/21/2013. In a note dated 4-23-2013 there is a hint of PTSD anxiety but no formal diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of individual psychotherapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case there is no evidence of a formal diagnosis of Post Traumatic Stress Disorder, just one small hint of it. Six psychotherapy sessions meets that guideline and as such are medically necessary per MTUS. The patient has extensive successful psychotherapy in the recent past that has been documented to show functional improvement.