

Case Number:	CM13-0024050		
Date Assigned:	03/14/2014	Date of Injury:	05/08/2012
Decision Date:	05/02/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 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 claimant is a 33 year-old male (██████████) with a date of injury of 5/8/12. According to medical records, the claimant sustained injuries to his left arm and shoulder when he manually lifted a dock ramp that was broken while working for ██████████. It is also reported that he sustained injury to his psyche secondary to his work related orthopedic injuries. He has been diagnosed by treating therapist, ██████████ with Depressive disorder NOS and Pain disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PSYCHOTHERAPY SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, BEHAVIORAL INTERVENTIONS Page(s): 101, 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS CHAPTER Cognitive therapy for depression

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant began group therapy with ██████████ following her evaluation in April 2013. It does not appear that

the claimant received any individual therapy. In her most recent progress note / SOAP note dated 7/17/13, [REDACTED] fails to demonstrate any objective functional improvements or progress made from the completed sessions. It is also noted that the claimant presented with minimal psychiatric symptoms and did not earn a psychiatric diagnosis in [REDACTED] AME report dated 8/1/13. The ODG recommends that for continued therapy, there needs to be "evidence of objective functional improvement". Without this evidence, the request for further sessions is not warranted. As a result, the request for "TWELVE (12) PSYCHOTHERAPY SESSIONS" is not medically necessary.

FOLLOW UP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Shoulder Chapter, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS CHAPTER, OFFICE VISITS

Decision rationale: The CA MTUS does not address follow-up visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. The request for "Follow-up" remains too vague as it does not indicate what type of follow-up is being requested. It is unclear as to whether this is for a psychiatric/psychological follow-up or an orthopedic one. Although office visits / follow-up visits are essential and often recommended, without more information, this request cannot be substantiated. As a result, the request for a "Follow-up" is not medically necessary.