

Case Number:	CM13-0025801		
Date Assigned:	11/20/2013	Date of Injury:	07/09/2009
Decision Date:	01/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 claimant is a 51 year-old female (██████████) with a date of injury of 7/9/09. According to medical reports, the claimant sustained medical injuries to her left knee when she was involved in a motor vehicle accident while working for ██████████. The claimant has been medically diagnosed by ██████████ with: "(1) left knee contusion, DOI: 7/2009; (2) chronic left knee pain; (3) left knee contusion 1/2011; (4) status post left knee arthroscopy with chondroplasty of femoral groove and chondroplasty lateral tibial plateau done June 4, 2012." She was evaluated by ██████████ for a psychiatric panel qualified medical re-evaluation on 3/29/13 and diagnosed with and adjustment disorder with mixed anxiety and depressed mood, chronic, in addition to polysubstance dependence in remission. She is also diagnosed by ██████████ with Major Depressive Disorder, recurrent, moderate. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Group Medical Psychotherapy between 8/13/2013 and 9/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Group Therapy.

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.

Decision rationale: The CA MTUS does not address the use of group therapy; therefore, the Official Disability Guidelines will be utilized for this review. The ODG does recommend the use of group therapy; however, it endorses the use specifically for the treatment of PTSD. Regarding the behavioral treatment of depression, the ODG recommends an "initial trail of 6 visits over 6 weeks" and with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Although this recommendation refers to individual sessions, this guideline will be used regarding group therapy as well. Based on the review of the medical records, it appears that the claimant has been receiving psychological group therapy services since 10/6/12, however there was break from services in February due to the claimant experiencing the loss of her husband. It was also noted on a progress note dated 1/18/13, that the claimant "treats at [REDACTED] with therapist"; however, there were no records provided by [REDACTED]. In regards to the request for further group therapy sessions, the provided medical records do not provide sufficient information to determine the need for further services. According to the ODG, evidence of objective functional improvement needs to be provided to determine further need for services. The progress notes provided by [REDACTED] and his colleagues do not adequately provide evidence of objective functional improvement and therefore, do not meet the recommended guidelines. As a result, the request for "6 Sessions of Group Medical Psychotherapy between 8/13/2013 and 9/27/2013" is not medically necessary.