

Case Number:	CM13-0032171		
Date Assigned:	12/04/2013	Date of Injury:	07/09/2009
Decision Date:	03/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/07/2013

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 40 year-old female with a date of injury of 7/9/09. The claimant sustained an injury to her right knee when she was walking down a flight of stairs and heard a "pop" in her right knee. Additionally, she was involved in a motor-vehicle accident when she was rear-ended while driving a work vehicle, injuring her lower back, neck, and shoulder. All injuries were sustained while working as a police services technician II for the [REDACTED], [REDACTED]. She has been medically treated via medications, physical therapy, arthroscopy, chondroplasty, injections, and aquatic therapy. In the "Agreed/Represented Qualified Medical Re-Evaluation" completed by [REDACTED] on 8/16/13, the claimant was diagnosed with: (1) Right knee injury with patellofemoral cartilage/chondral full-thickness injury, status post knee arthroscopy and subsequent (presumed) lateral retinacular release; (2) Left knee contusion with patellofemoral crepitation; (3) Low back pain with nonverifiable right-sided radicular-type symptoms; and (4) Pre-existent obesity, hypertension, and diabetes. In addition, the claimant reports developing depression secondary to her chronic pain and has been treated with psychotherapy. In their PR-2 report dated 8/23/1, [REDACTED] and [REDACTED] diagnosed the claimant with: Major depressive disorder, low moderate and Pain disorder associated with both psychological factors and an orthopedic condition. 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:

Psychotherapy for six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Based on a review of the available medical records, it appears that the claimant has completed a total of 20 sessions of psychotherapy in 2013. The Official Disability Guidelines (ODG) recommends that for the treatment of depression, an "initial trial 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 warranted. The patient has been able to demonstrate objective functional improvements such as improved mood and ability to return to work. Despite this progress, both the provider and the claimant feel that additional sessions are needed to work on emotionally distressing situations. Although this may be needed, an additional 6 sessions appears to be excessive considering that the claimant has already completed the total number of sessions set forth by the ODG. As a result, the request is not medically necessary and appropriate.