

Case Number:	CM13-0032367		
Date Assigned:	12/11/2013	Date of Injury:	04/24/2008
Decision Date:	01/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/09/2013

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 48 year-old male with a date of injury of 4/24/08. According to medical reports, the claimant injured his right knee when he knelt on a screw while working as a painter and wallpaper installer; this caused him to jerk backwards and twist his knee. He was diagnosed in August 2013 by [REDACTED] and [REDACTED] with: (1) low back pain; (2) bilateral chronic L5 and S1 radiculitis; (3) lumbar disc disease; (4) right knee pain; (5) medial meniscus tear, right knee, status post medial meniscectomy, synovectomy and patellar chondroplasty in September 2008; (6) depressive disorder, NOS; (7) chronic pain syndrome. Additionally, the claimant has sustained a psychiatric injury, and has been diagnosed by [REDACTED] with major depressive disorder, single episode, severe without psychotic features, industrial.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 additional psychotherapy sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Based on [REDACTED] most recent RFA dated 9/12/13, the claimant has completed 5 of 5 authorized visits and is demonstrating some functional improvement. Regarding the treatment of depression, the Official Disability Guidelines recommend an "initial trial of 6 visits over 6 weeks." They also note that "with evidence of objective functional improvement, [a] total of 13-20 visits over 13-20 weeks" may be needed. The request for an additional 12 sessions is within the recommended guidelines set forth by the ODG. As a result, the request is medically necessary.