

Case Number:	CM13-0044555		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2012
Decision Date:	02/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 patient is a 45-year-old female who reported an injury on 09/25/2012. The mechanism of injury was stated to be the patient was kicked by another patient. The patient was noted to get startled with loud noises that caused panic. The physician stated the patient should take self-defense and personal safety classes to deal with the fears. The patient's diagnoses were noted to be posttraumatic stress disorder, major depression (single episode) moderate, and pain disorder associated with both psychological factors and a general medical condition. The request was made for 12 self-defense classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

A group of 12 self-defense training classes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

Decision rationale: The California MTUS guidelines indicate that there is insufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The necessity for the classes was noted to address the patient's fear. The clinical

information indicated the patient's diagnoses were posttraumatic stress disorder, major depression (single episode) moderate, and pain disorder associated with both psychological factors and a general medical condition. There was a lack of documentation of objective functional deficits to support the necessity of the requested treatment and there was a lack of documentation indicating the necessity was medical in nature. There was a lack of documentation indicating the necessity for 12 self-defense training classes. Given the above, and the lack of documentation of objective functional deficits, the request for 12 self-defense training classes is not medically necessary.