

<b>Case Number:</b>	CM13-0046168		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/02/1994
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 64 year-old female (██████████) with a date of injury of 2/22/94. The claimant sustained injury to her left knee when she tripped and fell while working for the ██████████. Her initial diagnosis was a torn meniscus and she was treated via surgery. She has subsequently sustained several other injuries secondary to the original injury. In his most recent PR-2 report dated 12/18/13, ██████████ diagnosed the claimant with: (1) Derangement knee; (2) Sprain back; (3) Herniated disc; and (4) Arthritis knee. In addition, the claimant sustained injury to her psyche as a result of the work-related injury. In his most recent PR-2 report dated 9/8/13, ██████████ diagnosed the claimant with: (1) Major Depressive Disorder, Single Episode, Moderate to Severe; and (2) Psychological Factors Affecting Medical Condition. It is the claimant's psychiatric diagnoses that are 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 1 x 20 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Psychological Treatment Page(s): 101-102.

**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 Expert Reviewer's decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guidelines will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services, both medication management and psychotherapy, from [REDACTED] [REDACTED] intermittently for quite some time. The exact number of completed psychotherapy sessions in 2013 is unknown. The Official Disability Guidelines recommend 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 possible. It is clear that the claimant has already exceeded the recommendations. Given that the claimant has already received numerous sessions, the request for an additional 20 psychotherapy sessions appears excessive. Additionally, in their most recent PR-2 report dated 9/8/13, [REDACTED] and [REDACTED] indicate that the objective findings are "psychological testing" however, there are no test results included in the report to demonstrate whether progress is being made. Lastly, in his "Medical-Legal Supplemental Report: Response to Utilization Review Denial/Modification", [REDACTED] indicates that the claimant remains symptomatic, yet there have been no updates on the treatment plan to accommodate the claimant's continued exacerbation in symptoms. The treatment plan has remained the same on every PR-2 report. As a result of the number of sessions already completed and the request for an additional 20 being excessive, no objective findings being listed in the most recent PR-2 report, and a failure to update the treatment plan to accommodate the claimant's continued symptoms, the request for "Psychotherapy 1 x 20 weeks" is not medically necessary.