

Case Number:	CM13-0047040		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2013
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 licensed in Psychology and is licensed to practice in Texas. 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 patient is a 45-year-old male who reported an injury on 07/25/2013. The mechanism of injury occurred when the patient stepped up on a curb wearing dressing shoes, his right foot slipped backwards off the curb twisting his right knee and right ankle. The patient complains of right knee pain which he rates 9/10 on the VAS. He described the pain as aching, throbbing, and stabbing. The patient states the pain is continuous, and he felt popping with walking. The pain is worse with the lack of movement at night. Objective findings upon examination revealed decreased range of motion to the right knee and activity was limited. The patient was wearing a brace to his knee to restrict movement. The most recent clinical note dated 12/17/2013 revealed the patient continues to have complaints of right knee pain which he rates at 9/10. His activity remains limited with decreased range of motion to his right knee. The patient continues to wear the brace to restrict movement, and complains of continuous pain to the right knee with popping with walking. His treatment plan includes medication management, the use of a TENS unit, knee brace, and orthopedic referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (10 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has psychological deficits that would benefit from behavioral therapy. However, the California Medical Treatment and Utilization Schedule recommends a trial of 3 to 4 visits with documented functional improvement to support continuation of treatment. The clinical documentation does not indicate that the patient has previously undergone a trial of cognitive behavioral therapy. Therefore, a 3 to 4 visit trial would be indicated for this patient. However, the requested 10 sessions exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested 10 sessions of cognitive behavioral therapy is not medically necessary or appropriate.