

Case Number:	CM13-0059073		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2004
Decision Date:	03/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/29/2013

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 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 60 year-old female with a date of injury of 1/30/04. The claimant sustained injuries to her shoulder, back, neck, knee, and ankle as the result of a fall on the stairs while working for the [REDACTED]. In his 10/11/13 PR-2, [REDACTED] diagnosed the claimant with osteoarthritis of the leg, joint pain in the leg and pelvis, lateral meniscus tear, medial meniscus tear, and hip joint replaced.

IMR ISSUES, DECISIONS AND RATIONALES

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

group psychotherapy once a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5. Division of Workers' Compensation Subchapter 1

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

Decision rationale: Based on the medical records, the claimant has been struggling with chronic pain for quite some time. Despite this, there is no information in the records indicating a need for any behavioral services. The request for six group psychotherapy sessions came from [REDACTED]

██████████, yet there are no records from this doctor or any other psychiatric/psychological provider included in the records offered for review. As a result, there is no evidence to warrant the need for psychological services. Therefore, the request for group psychotherapy is not medically necessary.