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| Case Number: | CM13-0060731 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/14/2012 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 11/18/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 injured worker is a 55 year-old male with a date of injury of 8/14/12. He sustained injury to his left knee while working as a laborer. In the 5/28/14 report, the injured worker was diagnosed with: Internal derangement on the left status post total knee replacement from the injury of 2012; Internal derangement of the knee on the right with bone-on-bone from the incident of 2003, approved for surgery; and Element of depression and sleep disorder. It is also reported that the injured worker has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a 2/11/14 follow-up treatment report the injured worker was diagnosed with the following: Major depressive disorder, single episode; Adjustment disorder with anxiety; and Insomnia related to chronic pain and anxiety. It is the injured worker's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OFVT PSYCH EDUCATION PROVIDED X6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44-45.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychiatric evaluation on 8/9/13 and has been receiving psychological services including group therapy and transcranial magnetic stimulation (TMS) since that time. The report offered relative diagnostic information as well as treatment recommendations. The use of education is considered useful and is recommended by the guidelines however, 6 sessions of psych education appears excessive. As a result the request is not medically necessary.

PHTH GROUP THERAPY SUPPORTIVE THERAPY X6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychiatric evaluation on 8/9/13 and has been receiving psychological services including group therapy and TMS since that time. The request under review is for the initial 6 sessions. The ODG recommends an initial trial of 6 visits over 6 weeks in regards to the treatment of depression. Based on this guideline, the request for an initial 6 sessions appears reasonable. As such, the request is medically necessary.