

Case Number:	CM13-0062345		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2010
Decision Date:	05/13/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/06/2013

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 Board Certified in Physical Medicine and Rehabilitation 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 [REDACTED] with a date of injury of 2/27/10. The claimant sustained an injury to her right knee when she knelt on a bathtub and felt a sharp pain in her right knee, while working as a housekeeper. In the "Primary Treating Physician's Follow-Up Evaluation Report", [REDACTED] diagnosed the claimant with: (1) Right total knee replacement; and (2) Compensatory right hip replacement. It is also reported that the claimant has developed psychiatric symptoms of depression and anxiety secondary to her work-related orthopedic injury. In his 10/7/13 "Psychological Consultation and Report", [REDACTED] diagnosed the claimant with Depressive disorder, NOS with anxiety

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF COGNITIVE BEHAVIORAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN

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: Based on the review of the medical records, the request from [REDACTED] is for an initial number of therapy sessions, following his 10/7/13 initial "Psychological Consultation and Report". The Official Disability Guidelines indicate that for the treatment of depression, an "initial 6 sessions over 6 weeks" and "with evidence of objective functional improvement, total of 1-20 sessions over 13-20 weeks (individual sessions)" may be necessary. Although [REDACTED] presents evidence to support the need for services, the request for eight (8) sessions of cognitive behavioral pschotherapy exceeds the initial number of sessions set for by the guidelines, and is therefore, not medically necessary. It is noted that the claimant received a modification of three (3) initial sessions over two (2) weeks in response to this request.