

<b>Case Number:</b>	CM13-0068571		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, has a subspecialty in 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 physician 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 60-year-old female who sustained an injury on August 10, 2008 when she was struck on her right knee by a falling piece of luggage. She subsequently required a right total knee replacement, which was performed in September 18, 2010. Reports indicate she continues to complain of pain in her right knee and low back. On November 12, 2013, [REDACTED] diagnosed her with adjustment disorder with mixed anxiety and depressed mood, pain disorder associated with both psychological factors and a general medical condition, depressive disorder not otherwise specified, and anxiety disorder not otherwise specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for eight (8) sessions of individual psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Behavioral interventions, ODG Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain.

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

**Decision rationale:** On November 20, 2013, it was noted that the patient was previously certified with 6 psychotherapy sessions between 2/14/13 and 5/15/2013 and that the patient has

already completed 35 psychotherapy sessions to date. There are a total of 4 psychotherapy progress reports contained in the available records, with dates of 1/19/13, 1/22/13, 2/4/13, and 11/12/13. There is an indication the patient is struggling with depression; however there is little in the way of objective findings substantiating her psychiatric diagnoses and no objective evidence that the provided therapy has resulted in functional improvement.