

Case Number:	CM13-0069873		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2011
Decision Date:	05/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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 Psychologist 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 injured worker is a 50-year-old female who reported an injury on 12/14/2010 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained injury to her bilateral wrist, bilateral hands, bilateral fingers and right shouddler. The injured worker's treatment history included multiple surgical interventions, postoperative physical therapy, home health care, and a TENS unit. The injured worker was evaluated on 11/20/2013. It was documented that the injured worker had not begun treatment that was recommended in 09/2013; however, the evaluation dated 09/11/2013 that the requesting physician refers to was not submitted for review. The injured worker's diagnoses included adjustment disorder and pain disorder. The injured worker's treatment plan included starting group therapy one time a week for 8 weeks. There was no justification submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), pages 105 - 127.

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, Group Therapy.

Decision rationale: The requested group psychotherapy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this treatment modality. Official Disability Guidelines recommend group therapy for injured workers who require a group setting in a nonthreatening environment; however, the clinical documentation submitted for review does not provide any objective evidence of the need for psychological intervention. There is no documentation that the injured worker has had a psychological assessment that would support the appropriateness of this request. Additionally, the request as it is submitted does not identify an intended duration or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested psychotherapy is not medically necessary or appropriate.