

<b>Case Number:</b>	CM14-0005805		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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 39 year-old male with a date of injury of 10/24/12. The claimant sustained injury to his right hand with subsequent amputation of the 3rd, 4th, and 5th digits when his right hand was crushed by a push press machine while working as a machine operator for Roseburrough Tool, Inc. The claimant also sustained injury to his psyche as a result of the work-related incident. In his 12/20/13 "Physician's Supplemental Report of Occupational Injury", ■■■■■ diagnosed the claimant with: (1) Status post amputation right middle, ring, and small fingers metacarpophalangeal joint; (2) Crush injury of the right index finger status post flexor tenolysis; and (3) Posttraumatic stress disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **24 PSYCHOTHERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), TWC, Mental Illness and Stress Procedure; Cognitive Behavioral Therapy (CBT), Guidelines.

**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:** The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant completed a psychiatric evaluation in March 2013. Unfortunately, the evaluation was not included in the records offered for review. It appears that the request under review is an initial request for psychotherapy sessions. The ODG indicates that for the treatment of PTSD, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. It further states that "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." Given this information, the request for 24 Psychotherapy Sessions exceeds the initial number of sessions set forth by the ODG guidelines, and is therefore, not medically necessary.