

Case Number:	CM14-0013923		
Date Assigned:	02/26/2014	Date of Injury:	11/16/2011
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/03/2014

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 24 year-old female with a date of injury of November 16, 2011. The claimant sustained injury to her right knee when she was carrying a bucket of water down the stairs and her leg was unable to carry the weight and her knee bent and hit the handrail of the stairs. The claimant sustained this orthopedic injury while working as a housekeeper for [REDACTED]. In their "Visit Note" dated January 24, 2014, Physician Assistant, [REDACTED], under the supervision of [REDACTED], diagnosed the claimant with Pain in joint, lower leg. The claimant has been treated via medications, a home exercise program, and a functional restoration program. It is also noted that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury and has received psychological and psychiatric services. Because there were no psychological records offered for review, the claimant's psychiatric diagnosis(es) are unknown. However, in their "Visit Note" dated December 27, 2013, [REDACTED] and [REDACTED] wrote, "...this has worsened her depressive symptoms. Patient is tearful during his office visit and states that she continues to have a lot of anxiety."

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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: According to the Official Disability Guidelines, an initial trial of six visits over six weeks is recommended. With evidence of objective functional improvement, a total of up to 13-20 visits over 13-20 weeks can be allowed. Based on the review of the medical records, it appears that the claimant has been receiving psychological services, however, there were no psychological records offered for review. It is unclear as to how many sessions have been completed to date nor the progress and improvements gleaned from those sessions. Although the claimant appears to be experiencing an increase in her psychiatric symptoms, without having information about her services, the need for continued treatment cannot be fully determined. Therefore the request is not medically necessary.