

Case Number:	CM14-0017934		
Date Assigned:	04/16/2014	Date of Injury:	08/18/2011
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 08/18/2011 with a mechanism of injury as a fall. The clinical note dated 01/22/2014 noted that the injured worker complained of bilateral knee pain. The injured worker is status post a partial medial and lateral meniscectomy on 01/27/2012. The injured worker completed postoperative physical therapy and continues to have persistent right knee pain. It is documented that the injured worker has subjective symptoms, but does not wish to proceed with further active treatment and no surgery is identified or recommended at this point. The injured worker complained that her pain symptoms are precipitated by prolonged walking, standing, squatting, and kneeling activities, and heavy lifting. The symptoms are generally relieved by rest. There is an occasional noted clicking sensation but no locking or give-way was identified. The injured worker denied depression, nervousness, mood swings, or sleep disturbances. Medications and therapy were not provided in the documentation submitted for review. The functional restoration program integrated summary dated 01/20/2014 included a request for authorization for medical treatment. The DWC Form RFA dated 01/27/2014 was for a request for Pain Psychology, 4 sessions once a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Program/Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: California MTUS Guidelines recommend behavioral interventions for the identification and reinforcement of coping skills that are used in the treatment of pain other than ongoing medication therapy. The Official Disability Guidelines for Cognitive Behavioral Therapy state for chronic pain there should be a Fear-Avoidance Beliefs Questionnaire and initial therapy for these at-risk patients should be physical medicine, exercise instruction, and use in cognitive motivational approach to physical medicine. Consider separate psychotherapy for cognitive behavioral training referral after 4 weeks of lack of progress is noted. Up to 6 to 10 visits over 5 to 6 weeks is supported if there is objective functional improvement documented and noted. On the most recent clinical note submitted for review, the patient denied any depression, nervousness, mood swings, or sleep disturbances. Medications were not provided for review to support monitoring of any medications. Therefore, given the lack of psychological deficits on examination, the request for 4 sessions pain psychology is not medically necessary.