

<b>Case Number:</b>	CM14-0121124		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/19/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 67-year-old male who reported an injury on 10/19/2013 due to climbing on a stack of boxes at work, stepped wrong and twisted his knee. The injured worker had a history of left knee pain and lower back pain. The injured worker had a diagnosis of left knee meniscal tear. The past surgeries included left total knee arthroplasty dated 05/16/2014. The Magnetic Resonance Imaging dated 11/22/2013 revealed extensive tearing and maceration of the lateral meniscus, small tear suggested post posterior horn medial meniscus, moderately severe osteoarthritis medial and lateral compartments with loss of articular cartilage, and marginal osteophytosis greater than expected for age, small effusion, chondromalacia, and chronically torn ACL. The medications included Ambien, Celebrex, and Ibuprofen. Objective findings dated 06/03/2014 of the left knee revealed clean, dry, and intact wounds with swelling present. The range of motion of was 5-75 degrees, no calf tenderness, positive Homan's, sensation decreased sensation in toes, vascular examination revealed capillary refill less than 2 seconds dorsalis pedis pulse present with a gait and station, ambulated with limp and aide of cane. The past treatment included 24 visits of physical therapy, TENS unit, massage and ice with improvement. The treatment plan included physical therapy, ultrasound, and psychotherapy. The request for authorization dated 07/28/2014 was submitted with the documentation. The rationale for the psychotherapy was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychology 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Modifications/Behavioral Interventions Page(s): 19-23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Biofeedback Therapy Guidelines.

**Decision rationale:** The request for Psychotherapy every other week for 3 months is not medically necessary. The California MTUS recommend screening the injured worker with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy. Possibly consider biofeedback referral in conjunction with cognitive behavior therapy after 4 weeks. The initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker may continue biofeedback exercises at home. The clinical notes indicate that the injured worker had responded well with physical therapy. The clinical notes were not evident that the injured worker had failed. The injured worker had stated that he has good days and bad days because he has still been working in "unfavorable conditions". As such, the request is not medically necessary.