

Case Number:	CM14-0151227		
Date Assigned:	09/19/2014	Date of Injury:	03/16/2011
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

Patient is a 50-year-old female who has submitted a claim for depressive psychosis, associated with an industrial injury date of March 16, 2011. Medical records from 2014 to September 2014 were reviewed. Patient complained of right wrist pain and right knee pain. The exact mechanism of the injury was not mentioned. She also continued to have psychological symptoms. The QME report in psychiatry of the patient was not discussed. Physical examination of the right knee revealed that there was tenderness and effusion. Examination of the left knee revealed tenderness in the joint line and medial collateral ligament. McMurray's was positive. Treatment to date has included pain medications, psychotherapy, and home exercise programs. Utilization review from September 09, 2014 denied the request for 12 group psychotherapy sessions. The patient has significant psychological indicators, including suicidal ideation. The most appropriate course of treatment would be a course of individual psychotherapy in conjunction with medication management. Group therapy would not help the patient with suicidal ideation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 group psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress, Group therapy and Psychotherapy

Decision rationale: CA MTUS does not specifically address group psychotherapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. As per ODG, group therapy should be considered for patients with PTSD. It is recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. Psychotherapy guidelines recommend an initial trial of 6 visits over 3 to 6 weeks. In this case, the patient was diagnosed with depressive psychosis and not PTSD. The patient has significant psychological indicators including suicidal ideation. Group therapy will be of little benefit to the patient's suicidal tendencies. Furthermore, documentation failed to provide the current QME report in psychiatry of the patient. Rationale for the requested therapy was not provided. Moreover, the requested 12 visits exceeded guideline recommendation for trial sessions. Therefore the request for 12 group psychotherapy sessions are not medically necessary.