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| Case Number: | CM14-0022573 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 01/27/2011 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/17/2014 |
| Priority: | Standard | Application Received: | 02/21/2014 |

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 licensed 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 29-year-old male with a date of injury of 1/27/11. The claimant sustained injury to his left leg as well as to his psyche when he was struck by and trapped under a forklift for ten minutes while working as a Forklift Operator for [REDACTED]. In his progress report (PR-2) dated 12/5/13, [REDACTED] diagnosed the claimant with: (1) Status post retrograde intramedullary rodding, left femur fracture on 01/27/11; (2) Status post left thigh irrigation and debridement on 02/19/11; (3) Status post debridement of the skin and subcutaneous tissue of the left thigh on 02/10/11; (4) Status post incision, drainage, and debridement of the left thigh on 02/5/11; (5) Healed fracture, left femur; (6) Internal derangement, left knee, patellar chondromalacia; (7) Healed burns, left lower extremity; (8) Status post reconstructive soft tissue surgery of the left thigh on 10/14/11; (9) Status post reconstructive soft tissue surgery of the left thigh on 01/12/12; and (10) Status post reconstructive soft tissue surgery of the left thigh on 10/3/13. Additionally, in his "Psychological Evaluation and Request for Authorization" dated 1/27/14, [REDACTED] diagnosed the claimant with Post-traumatic stress disorder with depression and ongoing driving phobia.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIFTEEN (15) PSYCHOTHERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment index, 11th Edition (web), 2013, Mental and Stress Chapter, PTSD psychotherapy interventions.

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, Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the claimant completed a psychological evaluation on 1/27/14, but has not participated in any psychological services. Based on the assessment, the claimant is struggling with post-traumatic stress disorder (PTSD) and depression in addition to a driving phobia. Based on these diagnoses and the claimant's chronic pain, the request for psychotherapy sessions is completely appropriate. However, the Official Disability Guidelines recommend that for the treatment of PTSD, there be 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 indicates that for complex cases involving both depression and PTSD, fifty (50) sessions or treatment for over one (1) year has been found more beneficial than shorter-term therapy. As a result of the cited guideline, the request for fifteen (15) visits exceeds the total number of initial sessions set forth by the guidelines. Therefore, the request is not medically necessary.