

Case Number:	CM14-0022679		
Date Assigned:	06/11/2014	Date of Injury:	07/11/1998
Decision Date:	07/24/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 Psychologist 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 66 year old male who reported an injury on 07/11/1998 due to a fall. The injured worker complained of left knee pain. No measurable pain noted. Physical examination on extremities showed no evidence of cyanosis, clubbing or edema. Pulses were adequate throughout and no evidence of atrophy. The report lacked documentation of original injury on the injured worker. There was no evidence on functional deficits the injured worker had to the left knee. The injured worker has diagnoses of status post septic knee 1998, status post ruptured bowel, history of adjustment disorder, status post bilateral total knee replacement, no evidence of gastrointestinal (GI) illness and no evidence of internal medicine illness. The injured worker has had physical therapy, psych therapy and medication therapy. Medications include Latuda 40mg, Cymbalta 60mg, Ambien CR 12.5mg, Valium 10mg and Lyrica 150mg. Frequency was not noted in submitted report. The treatment plan is for cognitive behavioral therapy (CBT) times 12. The rationale was not submitted for review. The request for authorization form was submitted on 01/22/2014 by [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY (CBT) X 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

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

Decision rationale: The injured worker complained of left knee pain. No measurable pain noted. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that for Cognitive Behavioral Therapy (CBT) there should be an initial trial of 3-4 psychotherapy visits over 2 weeks followed by a total of up to 6-10 visits over 5-6 weeks with evidence of objective functional improvement. The reports submitted for review indicate that the injured worker has exceeded MTUS guidelines. Evidence showed that the injured worker had completed 11 sessions with no documented functional benefit. The most recent report dated 03/27/2014 stated that the injured worker was making positive strides. There was no diagnosis and no information about the progress of treatment thus far. It was unclear from submitted documentation whether the injured worker warranted additional therapy. As such, the request for cognitive behavioral therapy (CBT) times 12 is not medically necessary.