

Case Number:	CM14-0030252		
Date Assigned:	06/20/2014	Date of Injury:	06/18/2012
Decision Date:	07/23/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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 36 year-old female with a date of injury of 6/18/12. The claimant sustained injury to her right wrist and shoulder as well as to her psyche when she was physically assaulted by a male resident while working as a Care Manager for [REDACTED]. For the orthopedic injuries, the claimant has been treated via physical therapy and surgery. With regards to the injury to her psyche, the claimant has been treated via individual psychotherapy, biofeedback, and psychiatric/medication management services. In his "Agreed Medical Examination in Psychiatry" dated 10/16/13, [REDACTED] diagnosed the claimant with Posttraumatic stress disorder. These diagnoses are further supported by treating psychiatrist, [REDACTED], and treating therapist, [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional individual psychotherapy X 15 sessions twice weekly: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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: The California MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the use of cognitive therapy in the treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant was initially treated by psychologist, [REDACTED], in July 2012. The claimant received both individual and biofeedback services for a total of 8 sessions. It is unknown why, but the claimant transferred her care to [REDACTED] in November 2012, but was only seen one time. Later in that month, the claimant was transferred to [REDACTED], whom she continues to see to date once to twice weekly. Additionally, the claimant has been treating with psychiatrist, [REDACTED], since January 2013. In her 2/6/14 Requesting 15 Additional Psychotherapy Sessions Due to Heightened Anxiety and PTSD Symptomology letter, [REDACTED] presents adequate evidence to warrant additional sessions. Although the claimant has completed an extensive amount of psychotherapy sessions since her injury in 2012, she continues to experience symptoms. Despite continued symptoms, the claimant is making progress and demonstrating improvements. The ODG offers the following recommendation, extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials. Given the nature of the claimant's diagnosis and symptoms, the request for an additional 15 sessions appears reasonable. As a result, the request for Additional individual psychotherapy for 15 sessions twice weekly is medically necessary.