

Case Number:	CM14-0031763		
Date Assigned:	06/20/2014	Date of Injury:	12/20/2012
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 37 year-old female [REDACTED] with a date of injury of 12/20/12. The claimant sustained injuries to her right fingers and hand in addition to her psyche while working as packer for [REDACTED]. According to the reports, the claim was injured when she reached for a tipped bottle and her coat sleeve got caught in the assembly line band. When this happened, her right hand was pulled into the chain mechanism resulting in partial amputation of her right pinkie, ring, and middle fingers. In a "Primary Treating Physician's Supplemental Report" dated 5/13/14 by [REDACTED], the claimant is diagnosed with: (1) Anxiety; (2) PTSD; (3) Thoracic myospasm; (4) Bilateral carpal tunnel syndrome (right greater than left); and (5) Rt hand partial traumatic amputations. Additionally, in his "Orthopedic Hand Surgery Specialist Progress Plus Report" dated 6/4/14, [REDACTED] diagnosed the claimant with: (1) Neuropathy ulnar nerve right cubital tunnel with possible cubital tunnel syndrome; (2) Right lateral epicondylitis; (3) Status post amputation distal phalanx right long finger with extension contracture; (4) Extension contracture right index finger/intrinsic tightness; (5) Status post amputation DIP joint right ring finger with extension contracture PIP joint; (6) Status post amputation DIP joint right little finger with extension contracture PIP joint; (7) Tendonitis A-1 pulley right second, third fourth fingers without triggering; (8) Nonspecific diffuse right wrist pain; (9) Neuropathy median nerve right carpal tunnel with possible carpal tunnel syndrome; (10) S/P right third, fourth, fifth fingers reconstruction, 11/4/13; and (11) Right long finger stenosing tenosynovitis S/P cortisone injection X1 on 3/28/14. The claimant is also experiencing psychiatric symptoms related to her work-related injury. In a recent RFA dated 6/12/14, [REDACTED] listed diagnoses of: (1) Major depressive disorder, single episode; (2) PTSD; (3) Female hypoactive sexual desire disorder; and (4) Insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy 1 session per week x 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Mental Illness and Stress Chapter.

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 Group therapy.

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore; the ODG guidelines regarding the use of group therapy for the treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and his colleagues for over one year. She has participated in individual, group, and hypnotherapy/relaxation sessions with some improvement albeit vague, per the various progress reports submitted for review. Despite the very general progress/improvements reported, the reports submitted do not provide adequate information about the number of sessions to date, the objective functional improvements made from those sessions, diagnostic information, etc. Without the updated information about previous services, the need for additional services cannot be fully determined. As a result, the request for "Cognitive Behavioral Group Psychotherapy 1 session per week x 12 weeks" is not medically necessary.

Relaxation Training/Hypnotherapy 1 session per week x 12 weeks: 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), Mental Illness & Stress Chapter.

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.

Decision rationale: The CA MTUS does not address the use of hypnosis/relaxation sessions therefore, the ODG guideline regarding hypnosis will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and his colleagues for over one year. She has participated in individual, group, and hypnotherapy/relaxation sessions with some improvement albeit vague, per the various progress reports submitted for review. Despite the very general progress/improvements reported, the reports submitted do not provide adequate information about the number of sessions to date, the objective functional improvements made from those sessions, diagnostic information, etc. Without the updated information about previous services, the need for additional services cannot

be fully determined. As a result, the request for "Relaxation Training/Hypnotherapy 1 session per week x 12 weeks" is not medically necessary.