

Case Number:	CM14-0033909		
Date Assigned:	07/07/2014	Date of Injury:	10/27/2012
Decision Date:	09/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 a 72-year-old female who reported an injury on 10/27/2012 after she fell over a trash can which caused a fall to the ground. The injured worker's treatment history included surgical intervention, injections, medications, and physical therapy. The injured worker was evaluated on 01/29/2014. It was documented that the injured worker wanted to avoid surgery to the left shoulder. It was also documented that the patient had symptoms of anxiety and depression and underwent psychological evaluation at which time cognitive behavioral therapy was recommended. The injured worker's diagnoses included left total knee replacement on 05/15/2008, right knee surgery on 04/04/2013, and history of prior lumbar spine surgery, and lumbar back pain. Physical findings included positive right-sided apprehension sign and joint line tenderness to the right knee. The injured worker's medications included nabumetome 500 mg, ketamine 5% cream, citalopram, estraderm patch, gabapentin, MS-Contin, Percocet, tetracycline, and trazodone. Additional diagnoses included ulnar nerve lesion, pain in shoulder joint, joint pain in the leg, and lateral epicondylitis. The injured worker's treatment plan included a refill of medications, and cognitive behavioral therapy. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIOR INTERVENTIONS.

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

Decision rationale: The requested cognitive behavioral therapy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends cognitive behavioral therapy for injured workers with symptoms of anxiety and depression that are at risk for delayed recovery. California Medical Treatment Utilization Schedule recommends an initial trial of treatment of 3 to 4 visits to support continued cognitive behavioral therapy. The clinical documentation does not provide any evidence that the patient has undergone any type of cognitive behavioral therapy previously. Therefore, a 3 to 4 visit clinical trial would be indicated in this clinical situation. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested cognitive behavioral therapy is not medically necessary or appropriate.