

<b>Case Number:</b>	CM14-0038350		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on March 7, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated an antalgic gait favoring the right lower extremity. There was an effusion of the left knee. Range of motion of the left and right knee was from 5 to 125. There was bilateral medial joint line tenderness. A total joint arthroplasty was recommended. A progress report dated October 18, 2013, indicates that the injured employee has had improvement on his emotional condition and social functioning and that he is feeling less fearful and anxious. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left and right knee arthroscopy, physical therapy, and psychiatric treatment. A request had been made for 12 sessions of cognitive behavioral group psychotherapy and 12 sessions of relaxation training/hypnotherapy and was not certified in the pre-authorization process on March 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral group psychotherapy sessions #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy guidelines for chronic pain

**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, Cognitive Behavioral Therapy

**Decision rationale:** According to the Official Disability Guidelines cognitive behavioral therapy is recommended for up to 13th 20 visits over 7 to 20 weeks' time it progress is being made. The progress note dated October 18, 2013, indicates that the injured employee is making good progress but it is unclear how many sessions have been attended thus far. Without this information, this request for an additional 12 cognitive behavioral group psychotherapy sessions is not medically necessary.

**Relaxation training/Hypnotherapy sessions #12:** Upheld

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

**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, Hypnosis, Updated June 12, 2014.

**Decision rationale:** According to the Official Disability Guidelines hypnosis is recommended as an option for the treatment of posttraumatic stress disorder to help alleviate PTSD symptoms. According to the attached medical record the injured employee has not been diagnosed with PTSD. As such, this request for 12 relaxation training/hypnotherapy sessions is not medically necessary.