

Case Number:	CM14-0038813		
Date Assigned:	06/27/2014	Date of Injury:	09/13/2011
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 35 year-old female (██████████) with a date of injury of 9/13/11. The claimant sustained orthopedic injuries to her knees and left shoulder when she slipped, causing her to fall forward onto her knees while also landing on her hands to protect her face while working as a waitress for ██████████. In her "Primary Treating Physician's Progress Report and Authorization Request" dated 2/10/14, ██████████ offered the following diagnostic impressions: (1) Chronic right knee pain status post contusion; (2) Resolved right shoulder sprain/strain; (3) Lumbosacral sprain/strain and left knee sprain/strain, which appear to be a compensable consequence of the industrial injury as a result of her altered gait due to right knee pain; and (4) Complaints of depression. The claimant has been treated via physical therapy, medications, injection, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Training/Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (CA MTUS 2009) Page(s): 101-102.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references in this case. Based on the review of the medical records, the claimant was evaluated by [REDACTED] in November 2012 however, [REDACTED] evaluation was not offered for review and it does not appear that the claimant participated in any subsequent psychotherapy. Although the claimant is symptomatic and would likely benefit from psychotherapy services, there is no current psychological evaluation that can offer updated diagnostic information and treatment recommendations. Without a current evaluation, it is difficult to ascertain appropriate treatment recommendations. Therefore, the request for treatment appears premature. Additionally, the request for "Cognitive Behavioral Training/Therapy" remains too vague as it does not indicate how many sessions are being requested and over what duration the sessions are to occur. As a result, the request for "Cognitive Behavioral Training/Therapy" is not medically necessary. It is noted that the claimant did receive a modified authorization of 4 psychotherapy sessions in response to this request.