

Case Number:	CM14-0038895		
Date Assigned:	06/27/2014	Date of Injury:	03/19/2012
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
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 64 year-old male with a date of injury of 3/19/12. The claimant sustained injuries to his hip, left knee, wrist, and elbow when he was pulling a linen cart weighing 500 lbs. and he lost control of it. In an attempt to regain control of it, he fell and injured himself. In a visit note date 2/20/14, the treating physician diagnosed the claimant with, myofascial pain syndrome; left arm sprain/strain injury; right shoulder rotator cuff injury; left tenosynovitis; possible left knee meniscal injury; and left lateral epicondylitis. The claimant has been treated via occupational therapy, injections, medications, acupuncture, and a TENS unit. It is also reported that the claimant has developed psychiatric symptoms as the result of his work-related injury. In his primary treating physician's progress report dated 2/18/14, diagnosed the claimant with major depressive disorder, single episode, moderate and post traumatic stress disorder. The claimant has been treated with individual and group psychotherapy as well as medications. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy times 6 Sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 treatment of depression nor PTSD therefore, the ODG regarding cognitive therapy for depression and cognitive therapy for PTSD will be used as references for this case. Based on the review of the medical records, it appears that the claimant began psychotherapy services following his evaluation with the treating physician in December 2013 for a total of 6 sessions, from December through February. The ODG indicates that for both the treatment of depression and PTSD there is to be an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. The documentation submitted for review adequately provides enough evidence to warrant further services and substantiate the request for the additional sessions. As a result, the request for 6 sessions cognitive behavioral therapy is medically necessary.

