

Case Number:	CM14-0041436		
Date Assigned:	06/27/2014	Date of Injury:	04/02/2012
Decision Date:	08/04/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 58 year-old female with a date of injury of 4/2/12. The claimant sustained orthopedic injuries to her right wrist, left thumb, and bilateral upper extremities in addition to a laceration on her right eyebrow when she was trying to retrieve a chart from a high cabinet and she fell, landing onto a tile surface with her face and hands. The claimant sustained these injuries while working as the Office Manager for [REDACTED]. In his "Comprehensive Physical Medical Evaluation and Request for Treatment" dated 1/6/14, [REDACTED] diagnosed the claimant with: (1) Status post right wrist comminuted fracture with malunion; (2) Status post right wrist extraarticular distal radius osteotomy; (3) Right wrist arthrofibrosis and chronic pain; (4) Status post subsequent removal hardware right wrist; (5) Right superficial radial neuropathy; (6) Left thumb extensor tendon laceration; (7) Status post left thumb reconstruction of ulnar collateral ligament and harvesting of palmaris longus tendon graft on October 9, 2013; and (8) Chronic pain syndrome. The claimant has been treated via medications, physical therapy, and surgery. The claimant has also developed psychiatric pain symptoms secondary to her work-related orthopedic injuries. In his "Comprehensive Cognitive Behavioral Evaluation" dated 3/18/14, [REDACTED] diagnosed the claimant with Chronic Pain Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (Individual) x 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (CA MTUS 2009); Behavioral Behavioral Therapy (CBT) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (CA MTUS 2009); Behavioral interventions (CA MTUS 2009) Page(s): 101-102; 23.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines regarding the psychological treatment and behavioral interventions for the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant was evaluated by [REDACTED] in March 2013 and subsequently completed 4 sessions of psychotherapy. Unfortunately, other than [REDACTED] initial evaluation, there are no records or treatment reports (PR-2's) from the completed sessions. As a result, there is no information regarding the claimant's progress from those sessions. The California MTUS specifically indicates that there be an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 sessions over 5-6 weeks (individual sessions)" may be necessary. Without information regarding the previous sessions, the need for additional sessions cannot be determined. As a result, the request for "Cognitive Behavioral Therapy (Individual) times three sessions" is not medically necessary.