

<b>Case Number:</b>	CM14-0067553		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/29/2005
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 46-year-old individual was reportedly injured on May 29, 2005. The mechanism of injury was noted as a minor blunt force trauma to the wrist. The most recent progress note, dated January 14, 2014, indicated that there were ongoing complaints of wrist pain. A recent fall was noted. The physical examination demonstrated no swelling, deformity or ecchymosis. A superficial excoriation was noted. There was no tenderness to palpation. The surgical wound was well healed. Distal sensory and motor function were intact. Diagnostic imaging studies objectified but were not reviewed. Previous treatment included wrist surgery, postoperative rehabilitation physical therapy, multiple medications and pain management interventions. A request had been made for cognitive behavioral therapy and was not certified in the pre-authorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy - 4 sessions:** Upheld

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

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

**Decision rationale:** The records, presented for review, indicate that this 46-year-old individual was reportedly injured on May 29, 2005. The mechanism of injury was noted as a minor blunt force trauma to the wrist. The most recent progress note, dated January 14, 2014, indicated that there were ongoing complaints of wrist pain. A recent fall was noted. The physical examination demonstrated no swelling, deformity or ecchymosis. A superficial excoriation was noted. There was no tenderness to palpation. The surgical wound was well healed. Distal sensory and motor function was intact. Diagnostic imaging studies objectified but were not reviewed. Previous treatment included wrist surgery, postoperative rehabilitation physical therapy, multiple medications and pain management interventions. A request had been made for cognitive behavioral therapy and was not certified in the pre-authorization process on April 29, 2014. The request is not medically necessary.