

<b>Case Number:</b>	CM14-0068148		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/18/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/30/2014
<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 licensed 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 47 year-old female (██████████) with a date of injury of 9/18/10. The claimant sustained injury to her right hand and shoulder when her hand was crushed as she was trying to fix a machine. The crush injury resulted in multiple fractures of the right hand, the amputation of the claimant's right thumb, and shoulder problems. The claimant sustained this injury while working for ██████████. In his PR-2 report dated 7/7/14, ██████████ diagnosed the claimant with: (1) Status post catastrophic resection of right thumb from injury that occurred on 9/18/10; (2) Replacement of right thumb with right toe transplant surgery by orthopedic surgeon from ██████████; and (3) Right sympathetic dystrophy, right arm. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his PR-2 report dated 4/21/14, treating psychologist, ██████████, diagnosed the claimant with Pain disorder associated with both psychological factors and orthopedic conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy treatment session s#6:** Upheld

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

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

**Decision rationale:** The CA MTUS guideline regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant has been participating in psychological services with [REDACTED] for quite some time. Per his PR-2 report dated 4/21/14, [REDACTED] admitted that the claimant has been seen on 64 occasions including the initial diagnostic sessions and a combination of individual and group psychotherapy. Given this information, the claimant has received well over the recommended number of psychotherapy services set forth in the guidelines. As a result, the request for additional individual psychotherapy treatment sessions #6 appears excessive and not medically necessary.