

Case Number:	CM14-0072220		
Date Assigned:	07/16/2014	Date of Injury:	04/05/2013
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 a licensed Psychologist and is licensed to practice in Texas. 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 injured worker is a 29-year-old male who reported an injury on 04/05/2013. The injured worker underwent a left ring finger amputation on 08/13/2013. The mechanism of injury was the injured worker was working with a saw, and the saw kicked back, cutting the injured worker's left pinky finger and ring finger. Treatments included occupational therapy. The documentation on 04/16/2014 revealed the diagnosis was finger amputation and anxiety. The treatment plan included 6 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavior Pyschiatric Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

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

Decision rationale: The California MTUS Guidelines recommend behavioral interventions. They recommend an injured worker should be assessed and screened for risk factors of delayed recovery including fear avoidance beliefs. The initial therapy would be an initial trial of 3-4 psychotherapy visits over 2 weeks if there had been lack of progress from physical medicine

alone. The clinical documentation submitted for review failed to indicate the injured worker had been screened for delayed recovery including fear avoidance beliefs. There was a lack of documentation indicating the injured worker had a lack of progress from physical medicine. The request for 6 sessions exceeds the guideline recommendations of 3-4 psychotherapy sessions over 2 weeks. Given the above, the request for 6 cognitive behavioral psychiatric sessions is not medically necessary.