

Case Number:	CM14-0087087		
Date Assigned:	07/23/2014	Date of Injury:	02/01/2011
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/10/2014

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 38-year-old female with a date of injury of 2/1/11. The claimant sustained injuries to her bilateral hands and wrists due to repetitive movements while working. In his 4/11/14 report, treating physician, [REDACTED], diagnosed the claimant with: (1) Carpal tunnel syndrome bilaterally, status post decompression on the left; (2) Epicondylitis on the right - stable; (3) Stenosing tenosynovitis along the A1 pulley of the thumb on the left; and (4) There is an issue with sleep and depression. The claimant has been treated via medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, hot and cold wraps, injections, wrist brace, and surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 2/15/14 PQME Psychiatric Evaluation and Report, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; and (2) Insomnia due to Major depressive disorder (MDD) and chronic pain. Additionally, in his Initial Evaluation dated 5/14/14, [REDACTED] diagnosed the claimant with: (1) Adjustment disorder with mixed anxiety and depressed mood; and (2) Pain disorder associated with both psychological factors and a general medical condition. The patient has yet to begin psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Progress Reports QTY: 6: Upheld

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 (ODG) Mental Illness and Stress Chapter.

Decision rationale: Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in February 2011. She has also developed psychiatric symptoms secondary to her work-related orthopedic injuries and has yet to participate in any psychological services despite having been authorized to receive an initial trial of sessions. The request under review, "Six (6) monthly progress reports", does not align with the current number of sessions authorized. Additionally, progress reports are necessary as part of working within the WC system in order to demonstrate progress and "objective functional improvements" from the services. As a result, the request for "Six (6) monthly progress reports" is not medically necessary.

Occasional 60 minutes psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Cognitive Therapy for Depression.

Decision rationale: Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in February 2011. She has also developed psychiatric symptoms secondary to her work-related orthopedic injuries and has yet to participate in any psychological services. She has been authorized to receive psychotherapy sessions. The request under review appears redundant to the authorized sessions. Additionally the request for Occasional 60 minutes psychotherapy sessions remains too vague as it does not indicate how many sessions are being requested nor the duration of time for which the sessions are to occur. As a result, the request for Occasional 60 minutes psychotherapy sessions is not medically necessary.