

Case Number:	CM14-0093872		
Date Assigned:	07/25/2014	Date of Injury:	07/09/2009
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 51 year-old female [REDACTED] with a date of injury of 7/9/09. The claimant sustained this injury as the result of a motor vehicle accident while working as direct service personnel for the [REDACTED]. In his PR-2 dated 6/2/14, [REDACTED] diagnosed the claimant with: (1) Left knee contusion, DOI: 07/2009; (2) Chronic left knee pain; (3) Left knee contusion: 01/2011; (4) Status post left knee arthroscopy with chondroplasty of femoral groove and chondroplasty lateral tibial plateau done on 06/04/1012. It is also reported that the claimant has developed psychiatric symptoms secondary to her work--related orthopedic injuries. Although there is mention of symptoms of depression with psychosis, no diagnosis was found within the medical records submitted for review. In the UR determination letter dated 6/5/14, the claimant's diagnoses are listed as: (1) Major depressive disorder; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder; and (4) Insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Cognitive Behavioral Group Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Group therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive therapy for depression Other Medical Treatment Guideline or Medical Evidence: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience some chronic pain since her injury in 2009. She has also been experiencing symptoms of depression secondary to her chronic pain and has been receiving psychological as well as psychiatric services. In terms of psychological services, she has been participating in group psychotherapy including relaxation/hypnotherapy sessions, however, the exact number of sessions/services to date is unknown as is the exact progress/improvements from those treatments. The progress listed on the progress report is vague and generalized. In the most recent requested Progress Report from [REDACTED] and [REDACTED] dated 5/23/14, the claimant's objective findings are improved mood, calmer, less anxious, more hopeful and optimistic about her health and future, smiled during appt., looks tired, and more engaged and expressive. The claimant's diagnosis remains unchanged. Treatment goals are listed as patient will decrease frequency and intensity of depressive symptoms, patient will increase levels of motivation and hopefulness, patient will improve duration and quality of sleep, patient will decrease frequency and intensity of anxious symptoms. Lastly, the claimant's progress is indicated as the patient reports improved mood with medication and group psychotherapy. Without more specific information regarding the claimant's prior services, the need for additional sessions cannot be fully determined. As a result, the request for 6 sessions of cognitive behavioral group psychotherapy is not medically necessary.