

Case Number:	CM14-0097945		
Date Assigned:	07/28/2014	Date of Injury:	01/22/2010
Decision Date:	08/28/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 54 year-old female (██████████) with a date of injury of 1/22/10. The claimant sustained orthopedic injuries to her neck, shoulders, arms, elbows, wrists, hands, and fingers due to repetitive movements while working as a machine operator and seamstress for ██████████. In his 5/21/14 PR-2 report, ██████████ diagnosed the claimant with: (1) Chronic cervical strain, rule out disc herniation; (2) Bilateral shoulder rotator cuff syndrome, rule out tear; and (3) Bilateral carpal tunnel syndrome, status postoperative release. Additionally, in his Orthopedic Consultation Report dated 6/17/14, ██████████ diagnosed the claimant with: (1) CTD of bilateral upper extremities; (2) Right shoulder impingement; (3) Right elbow lateral epicondylitis; (4) Possible recurrent bilateral carpal tunnel syndrome; (5) Possible bilateral cubital tunnel syndrome; and (6) Rule out cervical radiculopathy. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In their PR-2 report dated 4/7/14, LCSW, ██████████, and ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, severe, without psychosis; (2) Generalized anxiety disorder; and (3) Pain disorder associated with psychological factors and a general medical condition. The claimant has been receiving psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Cognitive Behavioral Psychotherapy Sessions: 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: 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: The CA MTUS does not address the treatment of depression therefore the Official Disability Guidelines regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has been treating with [REDACTED], since October 2013 for a total of 18 psychotherapy sessions. Although the claimant had made some progress and gains in treatment, she regressed in January 2014 after being told that her shoulder may require surgery. The ODG recommends a total of up to 13-20 sessions over 13-20 weeks (individual sessions) if needed. Given that the claimant has already completed 18 sessions, the request for an additional 6 sessions exceeds the ODG recommendations. It is noted that the claimant received a modified authorization for an additional 4 sessions in response to this request. As a result, the request for 6 Additional Cognitive Behavioral Psychotherapy Sessions is not medically necessary.