

Case Number:	CM14-0195944		
Date Assigned:	12/03/2014	Date of Injury:	10/20/2006
Decision Date:	01/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/23/2014

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 Psychologist and is licensed to practice in Utah. 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:

This is a 62-year-old male with a date of injury on 10/20/2006. Documentation from 09/02/2014 indicated that the injured worker was unloading boxes from a truck to a sidewalk and while unloading he twisted his position and subsequently felt a 'pop' and pain to the left knee. Documentation from 10/21/2014 indicated the diagnoses of failed total knee arthroplasty; status post left knee pseudofusion, status post right total knee replacement, lumbar myofascial pain, lumbar/lumbosacral disc degeneration, lumbar spinal stenosis, long term use of other medications, and reactive depression and anxiety. The Subjective findings from 09/02/2014 were remarkable for complaints of right knee numbness, constant pain and rigidity to the left knee, and complaints of radiating lower back pain. The treating physician on 10/21/2014 referred to an agreed medical evaluation report from 07/09/2014 noting the right knee pain was noted to be constant and exacerbated with stairs and inclines and the chronic lower back pain. The documentation also notes associated symptoms of headaches, right and left shoulder pain with use, upper back pain, numbness and tingling to the hands secondary to carpal tunnel, and depression. The injured worker rated the left knee and leg pain a three out of ten that increases to a seven to eight out of ten with use. Documentation from 10/21/2014 noted that no examination was performed on this date, but noted examination from 07/09/2014 that was revealing for the left knee to be fixed with extension. Physical examination on 09/02/2014 was revealing for antalgic gait, unable to bend left knee, absent reflexes to the bilateral lower extremities, tenderness over the lower lumbar paraspinal region, sacroiliac joint tenderness, gluteal or trochanteric tenderness bilaterally. The physician was unable to test lumbar range of motion secondary to the left lower extremity issue and noted no motion to the left knee. The left knee was remarkable for a patellar click with motion along with peripatellar and medial joint tenderness. Documentation from 10/21/2014 noted electrodiagnostic testing remarkable for

bilateral lower limb peripheral neuropathy and right meralgia paresthetica, but the date of test was not provided. Documentation from 09/02/2014 noted that a magnetic resonance imaging of the lumbar spine was performed on 01/30/2012 revealing diffuse degenerative changes with spinal stenosis and foraminal stenosis. The treating physician noted that the injured worker had seven procedures performed to the left knee. Prior treatments offered to the injured worker was arthroscopic surgery in 2007, Synvisc injections to the left knee, total knee replacement on 11/11/2008 with revision in 03/2012 that was removed with placement of a spacer secondary to infection in 2013, synovectomy with a new spacer, pseudofusion in 01/2014, and placement of antibiotic spacer on 07/22/2104. The injured worker also received an evaluation by pain psychologist, use of crutches, use of a cane, inpatient pain program for opioid detoxification, aquatic therapy every other day, physical therapy, and a medication regimen of Norco, antibiotic therapy via peripherally inserted central catheter line, Oxycontin, Oxycodone, Methadone, Allopurinol, Ferrous Sulfate, Glucosamine, Lexapro, Lyrica, Omeg-3, Requip, Wellbutrin, and Zolpidem. Physician documentation noted the injured worker to have difficulty with driving, the physician also noted the injured worker to tolerate walking for twenty minutes, standing for twenty to thirty minutes, and sitting for an hour. The injured worker was noted to be able to lift approximately twenty to thirty pounds. While documentation indicated that physical therapy treatments and psychotherapy treatments were previously provided, there was no documentation of quantity, treatment plan, or results of prior treatments. The documentation provided also did not provide specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 09/02/2014 noted the injured worker's work status as not working. On 10/30/2014, Utilization Review non-certified the prescription of 10 sessions of psychotherapy centered around chronic pain management. The sessions of psychotherapy was noncertified based on the CA MTUS guidelines, Behavioral interventions, with the Utilization Review noting that the records provided were incomplete and lacked documentation on the number of psychotherapy visits completed and lack of functional response prior to psychotherapy to determine efficacy of psychotherapy treatment and support additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Psychotherapy Centered around Chronic Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are "recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)." In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. In the documents available for

review, it is noted that the patient has had previous psychological counseling. However, there is no documentation of objective functional benefit derived from previous psychological treatment. In addition, there are no psychotherapy treatment notes available for review. Guidelines require documented evidence of improvement from previous therapy before authorization of additional sessions. Therefore, the request for 10 Sessions of Psychotherapy Centered around Chronic Pain Management is not medically necessary.