

Case Number:	CM15-0130248		
Date Assigned:	07/16/2015	Date of Injury:	03/22/2014
Decision Date:	08/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 48 year old male, who sustained an industrial injury on 3/22/14, when an engine exploded causing burns. He developed subsequent PTSD, depressive symptoms, and anxiety around lack of income and inability to work. His current diagnosis is right carpal tunnel- ulnar neuropathy. He complains of right ulnar wrist pain, and he shows guarded range of motion with swelling and stiffness. On psychological evaluation of 10/09/14 CBT and group therapy were recommended. Six sessions were certified. Diagnoses include PTSD, pain disorder with psychological factors and a general medical condition, and depressive disorder, NEC. Treatments to date have been surgical, conservative, Norco, and CBT. On 06/19/15 UR noncertified the request for follow up every six weeks in conjunction CBT and group due to it being redundant in nature. On 07/21/15 orthopedic surgery PR2 shows that he had decreased numbness post surgery of 02/04/15 and he could return to modified work with limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits every six weeks: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127.

Decision rationale: The patient has been certified for six additional CBT and group sessions. Follow up visits in to monitor progress is redundant as progress would be monitored within the services certified. This request is therefore not medically necessary.