

Case Number:	CM15-0130327		
Date Assigned:	07/22/2015	Date of Injury:	09/13/2001
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
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, Arizona, Maryland
Certification(s)/Specialty: 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 54 year old female who sustained an industrial injury on September 13, 2001. She has reported knee pain and has been diagnosed with knee pain, joint pain in leg. Treatment has included medications, aqua therapy, injection, and physical therapy. Inspection of the knee notes swelling and presence of a scar. There was tenderness over the joint line with a positive McMurray's test. There was decreased flexion. There was tenderness at the lumbar spine and tenderness at the facet joint. There was decreased flexion and extension. The treatment request included psychotherapy 12 sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient individual psychotherapy 12 sessions to right knee: 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 Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from knee pain secondary to industrial injury >10 years back. It is been indicated that the injured worker has tried several different treatment modalities including physical therapy, medications, diagnostics etc. There is no information regarding psychotherapy treatment so far or any evidence of "objective functional improvement" with the same. The request for Outpatient individual psychotherapy 12 sessions to right knee exceeds the guideline recommendations for initial trial in case injured worker has not had psychological treatment for chronic pain before. The request is not medically necessary at this time.