

Case Number:	CM15-0131234		
Date Assigned:	07/17/2015	Date of Injury:	07/23/1998
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female, who sustained an industrial injury on 7/23/1998. The mechanism of injury is unknown. The injured worker was diagnosed as having knee internal derangement, lumbosacral sprain/strain, left knee replacement and ankle arthralgia. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/3/2015, the injured worker complains of pain in the bilateral knees, right ankle and low back, rated 9/10. Physical examination showed left knee edema, right ankle tenderness, tenderness over the lumbar area and decreased lumbar range of motion with secondary depressive symptoms. The treating physician is requesting 12 cognitive behavior therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 cognitive behavioral therapy 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 (ODG), Cognitive Behavioral Therapy (CBT).

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 & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The claimant has a remote history of a work injury occurring in July 1998 and is being treated for low back and bilateral knee and right ankle pain. When seen, pain was rated at 9/10. Her past medical history included depression. Her BMI was 39. There was an antalgic gait. There was pain with lumbar range of motion. Straight leg raising was negative. There was left knee tenderness with edema. Cognitive behavioral therapy treatments were requested. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case the number of initial treatments being requested is in excess of that recommendation and this request is not medically necessary.