

Case Number:	CM15-0138241		
Date Assigned:	07/28/2015	Date of Injury:	11/21/2013
Decision Date:	08/27/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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

Certification(s)/Specialty: Psychologist

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 65-year-old male, who sustained an industrial injury on 11/21/13. He reported traumatic amputation of a finger. The injured worker was diagnosed as having post-traumatic stress disorder and depression related to chronic illness. Treatment to date has included a 3 hand surgeries, hand therapy, a functional restoration program, and medication. Currently, the injured worker complains of symptoms related to post traumatic stress disorder. The treating physician requested authorization for 12 cognitive behavioral 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment 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 PTSD.

Decision rationale: Based on the review of the medical records, the injured worker completed a behavioral medicine consultation and testing evaluation with [REDACTED] on 3/18/15. The evaluation was conducted in association with the [REDACTED] to determine if the injured worker was an appropriate candidate. In the report, [REDACTED] recommended that the injured worker enroll in the FRP. Despite this recommendation from [REDACTED], the injured worker's treating physician, [REDACTED], placed the request under review. Although the ODG recommends psychotherapy for the treatment of PTSD, the injured worker was recommended and subsequently participated in the [REDACTED]. As a result, the request for 12 CBT sessions is not medically necessary.