

<b>Case Number:</b>	CM15-0022933		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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  
Certification(s)/Specialty: Emergency Medicine

### 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 52 year old female, who sustained an industrial injury on 7/9/09. She has reported left knee injury. The diagnoses have included chronic left knee pain, left knee contusion; status post left knee arthroscopy with chondroplasty of femoral groove and chondroplasty lateral tibial plateau. Treatment to date has included knee arthroscopy, oral medications and transdermal medications. Currently, the injured worker complains of continued knee pain. On physical exam dated 1/5/15 mild tenderness to palpation was noted over the medial and lateral joint line with full extension and flexion. No new complaints were noted and she states she is doing ok with medications, which allow her to function. On 1/27/15 Utilization Review non-certified hypnotherapy/relaxation training, noting the lack of evidence of functional improvement from the previous therapy sessions to warrant additional sessions. The ODG was cited. On 2/6/15, the injured worker submitted an application for IMR for review of hypnotherapy/relaxation training.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/relaxation training:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Hypnosis

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102 Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Psychotherapy Guidelines

**Decision rationale:** The requested Hypnotherapy/relaxation training , is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The injured worker has continued knee pain. The treating physician has documented mild tenderness to palpation was noted over the medial and lateral joint line with full extension and flexion. The treating physician has not documented objective evidence of derived functional improvement from completed therapy sessions. The criteria noted above not having been met, Hypnotherapy/relaxation training is not medically necessary.