

Case Number:	CM15-0037494		
Date Assigned:	03/05/2015	Date of Injury:	01/04/2013
Decision Date:	04/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: Physical Medicine & Rehabilitation

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 32-year-old female, who sustained a work/ industrial injury as an aircraft cleaner on 1/4/13 due to a fall from a rolling staircase onto the tarmac. She has reported symptoms of anxiety, depression, and irritability. The diagnoses have included post traumatic stress disorder, s/p right leg compound fracture resulting in 3 surgeries. Treatments to date included psychotherapy with biofeedback, and medications. Medications included Lexapro and Desyrel. Prior recover state was stalled. Treatment was interrupted due to inconsistent schedule of care/compliance with note of regression. A trial of a new antidepressant was done. The treating physician's report (PR-2) from 2/6/15 indicated symptoms of anxiety had decreased as well as the post traumatic stress disorder symptoms. On 2/18/15, Utilization Review non-certified 1 Vocational Rehabilitation Program, citing the Non- California Medical treatment Utilization Schedule (MTUS), ACOEM Guidelines: Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Psychological adjunctive methods for (PTSD).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ██████████ **Rehabilitation Program:** 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), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Psychological adjunctive methods for (PTSD).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter discusses Psychosocial adjunctive methods (for PTSD).

Decision rationale: This patient has a date of injury of 01/14/13 and presents with psychological complaints including depression and anxiety secondary to pain, loss of function, and sense of trauma. The current request is for 1 [REDACTED] REHABILITATION PROGRAM. The medical records indicate that the patient sustained multiple injuries after falling 20 or more feet. Patient has had 6 surgeries in the course of 2 months after the injury. The patient has been participating in multiple intervention therapies thus far, and the treating physician states that the patient has made significant progress and should begin treatment at this clinic. It was noted that anxiety, depression, and symptoms of PTS have decreased. Treatment recommendation included additional 6 visits of psychotherapy, 6 additional visits of biofeedback, and authorization for patient to participate in a [REDACTED] rehabilitation program. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss [REDACTED] rehabilitation programs. ODG under the mental illness and stress chapter discusses Psychosocial adjunctive methods (for PTSD) and states, Recommended as an option for PTSD. Psychosocial adjunctive methods/services should provide a therapeutic intervention that facilitates generalized skills for coping with posttraumatic stress disorder (PTSD) from clinic to home/work/community. Psychosocial rehabilitation techniques should be considered once the client and clinician identified the following kinds of problems associated with the diagnosis of PTSD: persistent high-risk behavior, lack of self-care/independent living skills, homelessness, interactions with family that does not understand PTSD, socially inactive, unemployed, and encounters with barriers to various forms of treatment/rehabilitation services. Under models of psychosocial rehabilitation services (5) [REDACTED] Rehabilitation, Effectiveness of [REDACTED] rehabilitation techniques and treating mental disorders has been demonstrated under controlled experimental condition and controlled clinical studies. In this case, the treating physician is requesting a [REDACTED] rehabilitation program without specifying duration in the program. Furthermore, there is no discussion regarding problems associated with the diagnosis of PTSD as discussed above. The request IS NOT medically necessary.