

<b>Case Number:</b>	CM15-0088020		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: 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 56-year-old male, who sustained an industrial injury on June 15, 2006. He reported bilateral knee injuries. The injured worker was diagnosed as having osteoarthritis of the knees, neuralgia, and myofascial pain. He has undergone bilateral knee arthroscopic surgeries. Diagnostic studies to date have included MRIs. Treatment to date has included viscosupplementation injections, a cane, knee braces, and medications including oral pain, topical pain, antidepressant, non-steroidal anti-inflammatory, and anti-epilepsy. On March 20, 2015, the injured worker complains of continued, constant and severe pain of bilateral knees. The pain is described as aching, shooting, tender, burning, nagging, and unbearable. His pain level is rated 8-9/10 usually and his pain medication decreased his pain by 80%. His Oswestry score was 43. He also complains of depression and sleep disturbances. The physical exam revealed right knee extension = 0 and left knee = -5 degrees, right hip flexion = 10 degrees and left hip = -5 degrees, a stiff gait, bilateral knee tenderness to palpation, and a flat affect. He uses a front-wheeled walker for transfers and ambulation. The treatment plan includes behavioral psychotherapy. The requested treatment is 24 sessions of individual therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual therapy Qty: 24: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401, Chronic Pain Treatment Guidelines psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines psychotherapy.

**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 depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 8/26/14. In that report, [REDACTED] recommended 12 biweekly follow-up psychotherapy sessions. It is unclear as to whether the injured worker received those follow-up sessions as there are no subsequent psychological medical records included for review. Whether the injured worker received any follow-up psychological services or not, the request for 24 individual psychotherapy sessions exceeds the total number of recommended sessions set forth by the ODG for the treatment of depression. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for 24 individual psychotherapy sessions is not medically necessary. It is noted that the injured worker was given a modified authorization for 6 psychotherapy sessions in response to this request.