MAXIMUS Federal Services

Case Number:	CM14-0162629		
Date Assigned:	10/07/2014	Date of Injury:	09/25/2003
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 40 year-old female with a date of injury of 9/25/03. The claimant sustained injury to her left foot and ankle when she fell while working as [redacted]. In his 8/18/14 repot,[redacted] offered the following impressions: (1) Industrial injury, left foot and ankle; (2) osteochondral lesion, left ankle, posterior tibial tendinosis, left ankle, status post tendon transfer for reconstruction of the same, arthroscopic chondroplasty and debridement of the left ankle; (3) persistent painful bony avulsion fracture at the tip of the medical malleolus; (2) Transient relief of symptoms status post Marcaine ad corticosteroid injection, medical aspect left ankle, in the region of the bony avulsion fracture, medial malleolus, left ankle; and (3) Situational depression secondary to chronic pain and loss of gainful employment and normal function of the ankle. The claimant has been treated with medications, physical therapy, injections, orthotics, ankle brace, and surgery. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury. In her progress note dated 7/30/14, treating therapist, [redacted], indicated that the claimant is diagnosed with a Mood disorder secondary to chronic pain and bereavement. [redacted] added a diagnosis of PTSD on the RFA dated 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 20 Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Behavioral Therapy

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.

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case.Based on the review of the medical records, the claimant began psychotherapy services with [redacted], in mid-2013. The records indicate that the claimant had been managing her depressive symptoms by November 2013. Due to an exacerbation of symptoms in addition to the sudden death of her husband in January 2014, the claimant resumed psychotherapy with [redacted] in March 2014. It is reported that the claimant has completed 40 sessions since she began services in 2013, with at least 17 of them between March 4, 2014 and July 30, 2014. The ODG recommends a total of up to 20 visits for the treatment of depression. Although [redacted] recently suggested that the claimant is experiencing some PTSD symptoms and requires additional therapy, the request for an additional 20 sessions is excessive. It is noted that the claimant received a modified authorization of 2 sessions in response to this request. As a result, the "Prospective Request for 20 Psychotherapy Sessions" is not medically necessary.