

<b>Case Number:</b>	CM14-0216932		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	08/03/2005
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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:

This is a 57-year-old male with a work-related injury dated August 3, 2005. In the documentation of the orthopedic physician's visit dated December 11, 2014 the worker was complaining of stiffness and the medial aspect of the knee was sore. The worker had undergone a left knee removal of deep implant and medial unicompartament on September 9, 2014. Physical therapy was scheduled the following week. Physical exam at this visit was remarkable for full range of motion of the lower extremities, joint stability with stress testing, normal grip strength and motor tone. Left knee surgical incision was well healed with mild tenderness adjacent to incision. X-rays of the left knee at this visit showed a stable medial mako with hardware removal. Diagnoses at this visit included knee pain, medial makoplasty and osteoarthritis right knee. Treatment plan at this visit included continued physical therapy, scare tissue massage, ice massage, cryotherapy and authorization request for right medial makoplasty. The psychotherapy visit dated December 15, 2014, the physician documented that therapy had resulted in "a more positive mindset because of the counseling". The physician documented the worker was suicidal when starting therapy, however his depression improved but the worker continued to be very significantly functional disability stemming from multiple orthopedic injuries and was socially withdrawn. The physician requested an additional ten psychotherapy visits. The utilization review decision dated December 19, 2014 modified the request for ten sessions of psychotherapy to approve two sessions. The rationale for the modification reflected that the worker had been receiving cognitive behavioral sessions since June 2014; however, since that time only four sessions had been authorized. Although the timeframe of 13-20 weeks had

passed, it was apparent that the worker was making great strides functionally, symptomatically and mentally. Continuation of therapy was important due to the need to remain positive for the upcoming surgeries. Based on this, two visits were approved. The ODG recommends an initial trial of three to four psychotherapy visits over two weeks, with evidence of objective functional improvement, a total of six to ten visits over five to six weeks was recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ten sessions of Psychotherapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy, Psychotherapy Guidelines Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 2015 update.

**Decision rationale:** According to the MTUS recommended psychotherapy guidelines, patients may have up to a maximum of 6 to 10 sessions of cognitive behavioral therapy, and according to the official disability recommended treatment guidelines for most patients a course of psychological treatment of 13-20 sessions is sufficient and represents the maximum quantity. In some cases of severe Major Depression, or PTSD, additional sessions up to 50 maximum may be provided. Additional sessions are contingent upon documentation of patient improvement. Although the provided psychological progress reports did indicate and reflect substantial and significant patient progress during the course of his treatment, there was no cumulative total of the quantity of treatment sessions that the patient has received since he began his psychological treatment. The patient was first injured in 2005, the total duration of the psychological treatment that has been provided and the date he started treatment (not just the current episode of treatment) was not provided. There was indication of treatment possibly was provided in 2013 although this was not clear. Without knowing the duration and quantity of the current treatment episode as well as his psychological treatment history of prior episodes, if any, it is not possible to determine whether or not additional sessions fall within the above stated guidelines. There was a note in the medical records that specified that he is "only received 4 sessions" but this number does not reflect the total amount of treatment that he is already received. Because the total quantity of sessions that the patient has received to date was not provided in a clearly stated manner it was not possible to determine whether or not this request for additional treatment fell within the recommended guidelines and therefore the medical necessity of the request is not established. Because medical necessity of the request was not established, the request to overturn the utilization review determination is not approved.