

Case Number:	CM14-0218870		
Date Assigned:	01/09/2015	Date of Injury:	02/27/2014
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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 19 year old male who suffered a right index fingertip injury on 2/27/14. The injured worker was not with reports of pain. The diagnosis was noted as right index finger, middle finger and ring finger table saw laceration. Surgical procedures included right index and middle finger exploration, debridement and local advancement flap closure, right finger plate removal and local rotational flap, open reduction and internal fixation right finger distal phalanx performed on 3/5/14. According to the provided documentation, treatments included physical therapy and prosthetic fingertip (right index digit). Physician documentation dated 11/24/14 noted work status as modified duty with lift restrictions. Physician documentation dated 11/24/14 noted the injured worker was with issues of "psychological distress...has difficulty even walking into the place of work where he was injured and hearing the sounds of the table saw." On 12/23/14, Utilization Review non-certified individual psychotherapy 60 minutes 12 sessions and partial-certified individual psychotherapy 60 minutes 4 sessions based upon the California Medical Treatment Utilization Schedule (MTUS) initial trial of 3 to 4 visits over 2 weeks with evidence of functional improvement and Official Disability Guidelines (ODG) Psychotherapy Guidelines. This UR decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

individual psychotherapy 60 mins, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness and Stress. psychotherapy guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker is struggling with symptoms of an adjustment disorder with depressed mood and anxiety. In his December 2014 evaluation, [REDACTED] recommended 12 psychotherapy sessions to help the injured worker manage and reduce his symptoms. The ODG recommends an "initial trial of 6 visits over 6 weeks." Utilizing this guideline, the request for an initial 12 sessions exceeds the initial number of sessions set forth by the ODG. As a result, the request is not medically necessary.