

Case Number:	CM15-0065068		
Date Assigned:	04/13/2015	Date of Injury:	04/17/2012
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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 64-year-old male, who sustained an industrial injury on April 17, 2012. He reported a traumatic right hand de-gloving injury. The injured worker was diagnosed as having traumatic right hand de-gloving injury, status post three right hand surgeries, status post right hand revision surgery 03/22/2013 and complaint of shortness of breath associated with anxiety attacks and PTSD. Treatment to date has included surgery, medications and psychological treatment. On February 27, 2015, the injured worker stated that he has not had any anxiety attacks since his prior visit. He is still anxious about entering confined places that he does not have control over. He was currently complaining of dizziness and blurred vision. He reported his Zoloft medication to be helpful in reducing his anxiety and improving his mood. The treatment plan included additional psychological treatment, medications and a six week reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychotherapy Sessions, as related to submitted diagnosis of Depressive Disorder and PTSD as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Cognitive behavioral therapy Page(s): 101-102, 35.

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 PTSD.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] since March 2014. In a psychiatric report dated November 2014, [REDACTED] recommended that the injured worker continue to receive further psychological treatment with [REDACTED]. Unfortunately, none of [REDACTED] medical records were included for review. Despite [REDACTED] recommendation, without information about prior psychotherapy sessions, the need for any additional treatment cannot be fully determined. As a result, the request for an additional 12 psychotherapy sessions is not medically necessary.