

Case Number:	CM15-0096552		
Date Assigned:	05/26/2015	Date of Injury:	05/23/2008
Decision Date:	07/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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 54 year old male, who sustained an industrial injury on May 23, 2008. The injured worker reports back pain, shoulder pain and knee pain with numbness. The injured worker was diagnosed as having shoulder impingement, osteoarthritis, bilateral arthroscopic knee surgery, left knee replacement, major depressive disorder, anxiety disorder, male hypoactive sexual desire and insomnia. Treatment to date has included medication. A progress note dated April 10, 2015 the injured worker complains of persistent pain that interferes with sleep and daily function. He reports he worries about the future and his condition. His worry causes discouragement and causes him to fear his marital relationship is impacted. Physical exam notes anxiousness, poor concentration tension, ambulation with a cane and an appearance of being close to tears. The plan includes follow-up and hypnotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Office Visit (follow-up after 45 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Head, Mental Illness & Stress.

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 Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in January 2015. Follow-up psychological services were provided following the evaluation for an unknown number of sessions. The most recent progress report, dated April 2015, fails to identify the number of completed sessions as well as the progress made from those sessions. It is also unclear as to the purpose of the requested follow-up visit. Without sufficient information to substantiate the request, the request for one office visits follow-up is not medically necessary.

Hypnotherapy once a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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 Hypnotherapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in January 2015. Follow-up psychological services were provided following the evaluation for an unknown number of sessions. The most recent progress report, dated April 2015, fails to identify the number of completed sessions as well as the progress made from those sessions. Without sufficient information to substantiate the request, the request for additional hypnotherapy sessions (once a week for 8 weeks), is not medically necessary.