

Case Number:	CM13-0021968		
Date Assigned:	07/02/2014	Date of Injury:	05/28/2008
Decision Date:	12/17/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 32 year-old female (██████████) with a date of injury of 5/28/08. The claimant sustained injury to her right knee while working for ██████████. The mechanism of injury was not found within the limited medical records offered for review. In the "CA Non-Certification" letter dated 9/5/13, the claimant was diagnosed with: (1) Morbid obesity; (2) Tear med cart/meniscus knee current; (3) Sprains and strains of knee and leg; and (4) Sprain and strain cruciate lig knee. Unfortunately, there are no records included for review from requesting physician, ██████████, to confirm this diagnosis. According to the "CA Non-Certification" letter, the request under review is for a psychiatric evaluation to be completed prior to bariatric surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 398-404.

Decision rationale: The CA MTUS does not address psychiatric evaluations therefore; the ACOEM guideline regarding referrals will be used as reference for this case. The medical

records included for review are very limited and do not offer any information regarding the request under review. According to the "CA Non-Certification" letter dated 9/5/13, the request under review is for a psychiatric evaluation to be completed prior to bariatric surgery. However, because there are no records from requesting physician, [REDACTED], the purpose for the psychiatric evaluation cannot be confirmed. Without sufficient documentation to substantiate the request, the request for a "Psychiatric evaluation" is not medically necessary.