

<b>Case Number:</b>	CM13-0025231		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Texas. 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 injured worker is a 35-year-old female who reported an injury on 08/11/2010. The injury reportedly occurred when she stepped down on a crowbar to remove a wooden board and she felt a pop in her left knee. On 08/28/2013, the injured worker presented with left knee pain, abdominal pain (especially in the right upper quadrant), and reported that she wanted weight loss surgery and have a psychology evaluation before surgery. Upon examination, there was no effusion, proximal anterior patellofemoral pain with grind and ache; and patellofemoral pop on extension. The diagnoses were patellofemoral chondromalacia, morbid obesity, and reactionary depression. Prior therapies include medications, injections, and physical therapy. The provider recommended a psychiatric evaluation prior to the injured worker's weight loss surgery. The Request for Authorization form was not included in the medical records for review.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** The request for a psychiatric evaluation is non-certified. The California MTUS Guidelines state psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. The included medical documentation stated that the injured worker has been recommended for a psychiatric evaluation on several clinical notes, for reactionary depression. There is no documentation noting if the injured worker has already underwent a psychiatric evaluation. Furthermore, the provider's request for a psychiatric evaluation was to be in conjunction with a weight loss surgery. However, there is no documentation providing when the weight loss surgery was to take place, or if it has already been scheduled or requested. As such, the request is non-certified.