

<b>Case Number:</b>	CM13-0031200		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, has a subspecialty 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 physician 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 53 year-old male with a date of injury of 10/2/12. Medical reports indicate that he experienced injury to bilateral knees and right ankle while working for the [REDACTED]. He has been diagnosed with medial meniscal tear and avascular necrosis of the talus with partial collapse of the talar dome. It is stated in the various reports that the claimant continues to experience chronic pain. It is also reported on the DWC RFA form dated 7/18/13 that the claimant has developed social anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and Treatment with psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on the review of the medical records, the claimant is in need of a psychological evaluation. However, further treatment cannot be suggested until the evaluation is completed and the subsequent report with treatment recommendations is provided by the evaluating psychologist. The CA MTUS states, "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 preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." Based on these guidelines, the request for "Evaluation and Treatment with psychologist" is not medically necessary.