

<b>Case Number:</b>	CM13-0033608		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/02/2011
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Orthopedic Surgery has a subspecialty in Hand Surgery 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 medical record notes a 52-year-old individual who sustained an injury to the left shoulder/upper arm while working on April 2, 2011. An independent medical review is requested for referral for psychiatry evaluation and treatment. Provided for review in support of this request are 3 physician certificates dated December 19, 2013, January 30, 2014, and March 14, 2014 indicating diagnoses of OA - hand, AC joint OA, Shoulder impingement, and RTC strain. A QME dated October 29, 2013 by [REDACTED], [REDACTED], indicating a complaint of neck pain with radiation to the left shoulder and left hand with severe pain in the left thumb. The mechanism of injury noted was pain in the arm from the left thumb to the shoulder experienced when the wheel of a trash bin got caught in a doorway requiring the claimant pull hard to release it. The record indicates that conservative treatment has included physical therapy, TENS unit, massage, hot and cold therapy, and exercise, all with no improvement. 2 injections to the left shoulder of been provided with no relief. An MRI was obtained and ultimately arthroscopic surgery was recommended and was provided on September 17, 2011. Following surgical intervention, physical therapy was provided as well as acupuncture with no improvement. It is noted that a postoperative left shoulder MRI was also obtained. At the time of this evaluation the current medications include tramadol, Voltaren gel, omeprazole, Arthrotec, and metalaxalone 800 mg. A home exercise program is reported to be ongoing. The pain is affecting sleep and awakens her every night. Past medical history notes hypertension for which the claimant takes medication. Review of systems indicates the claimant has headache, is depressed, and has anxiety and insomnia. Physical examination references a well-developed, well-nourished individual, cooperative and pleasant. The remainder of the physical examination centers around focused musculoskeletal examination including vascular, neurologic, and sensory examination. The diagnostic impression noted is that of cervical strain without radiculopathy, resolved; left

shoulder impingement; and CMC joint arthritis with subluxation of the trapeziometacarpal joint. Additionally, a progress note from the claimant's chiropractor dated October 23, 2013 is provided noting neck pain with 60% improvement since starting chiropractic treatment. The diagnoses include headache, cervicalgia, and shoulder and forearm pain. Chiropractic progress notes dated October 18, October 10, October 8, reference similar findings.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **REFERRAL FOR PSYCHIATRY EVALUATION & TREATMENT PER REPORT DATED 09/13/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

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

**Decision rationale:** California guidelines state that the practitioner can refer to a specialist if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or the course of care could benefit from additional expertise. The medical record provided indicates one reference for depression and anxiety in a QME from October 2013. There has been no exploration of the symptoms, no documentation that a screening evaluation has been provided, and there has been no documentation of a diagnosis of a depressive disorder. Elsewhere in the record there is reference to a note commenting on a questionnaire noting symptoms of depression. However, this report has not been provided. In the absence of evidence of significant psychological symptoms or documentation that a screening process has been provided evidencing significant psychological symptoms, there is insufficient clinical data available to support a request for psychiatric evaluation and treatment.