

Case Number:	CM13-0035169		
Date Assigned:	04/25/2014	Date of Injury:	09/24/2010
Decision Date:	07/07/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/16/2013

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 Psychiatry 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:

This 56 year old female had a date of injury 9/24/2010. The date of Utilization Review (UR) decision was 9/10/2013. Mechanism of injury was cumulative trauma resulting in injury in right upper extremity resulting in chronic pain. According to PR dated 12/13/2012, IW complains of ongoing right upper extremity pain and cervical pain and is to undergo right carpal tunnel release and cubital release. Per PR from 6/6/2013, the Injured Worker (IW) is recovering from right elbow surgery and complains of intermittent popping with extension. Acupuncture, physical therapy have been requested but the available data does not suggest if they were approved or not. The IW is receiving medication treatment for chronic pain. Request for authorization from 9/3/2013 lists request for authorization of Psychiatric Consultation regarding depression and anxiety, however a supporting progress note is unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (OMPG) Occupational Medicine Practice Guidelines page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 389.

Decision rationale: MTUS states "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process."Submitted records do not suggest that any documentation regarding detailed assessment of symptoms of depression or any other psychological symptoms that the Injured Worker (IW) is experiencing. There is no information available regarding attempts or medication trials made to treat the depression by the primary physician. Additional information is necessary to establish medical necessity of a Psychiatric Consultation. The request is not medically necessary and appropriate.