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| Case Number: | CM13-0039246 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 12/21/2012 |
| Decision Date: | 03/27/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 Psychologist 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 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 patient is a 63-year-old female who reported an injury on 12/21/2012 due to a fall that reportedly caused injury to multiple body parts to include her right knee, neck, left arm, right hip, and was the cause of emotional distress. The patient's treatment history included surgical intervention, occupational therapy, and multiple medications. The patient's most recent clinical evaluation documented that the patient had significantly restricted range of motion secondary to pain of the left shoulder, restricted range of motion of the right knee secondary to pain, and a depressed affect. The patient's diagnoses included left shoulder rotator cuff tear, status post arthroscopic surgery, right knee injury, chronic pain, right hip contusion, and depression. The patient's treatment plan included a psychological evaluation and follow-up treatment, and a referral to orthopedics for evaluation of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

psychological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested psychological evaluation is medically necessary and appropriate. The California Medical Treatment Utilization Schedule recommends psychological evaluation for patients who have delayed recovery beyond what is expected as a normal duration. The clinical documentation submitted for review does indicate that the patient has had a delay in recovery that may be attributed to psychological deficits. Therefore, a psychological evaluation would be supported. As such, the request for psychological evaluation is medically necessary and appropriate.

psychotherapy 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The requested psychotherapy 2 times a week for 6 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends psychotherapy is based on a 3 to 4 visit clinical trial that provides documentation of both subjective and objective functional improvements. However, as the patient has been authorized to undergo a psychological evaluation, the results of that evaluation would be needed to assess further treatment. As such, the requested psychotherapy 2 times a week for 6 weeks is not medically necessary or appropriate.