

Case Number:	CM13-0039940		
Date Assigned:	12/20/2013	Date of Injury:	01/22/2007
Decision Date:	03/05/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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:

This case involves a 55 year old male who sustained a work-related injury on 1/22/07. The patient worked as a carpenter and injured his right shoulder. He has been treated for pain. His medications have included Darvocet, Lodine, Zantac, and Tramadol. He has had significant depressive symptoms including insomnia. MRI showed a full thickness rotator cuff tear. The patient described a lessened sense of security, diminished self-worth, mood disorder, irritability, problems with attention and concentration, lessened tolerance of frustration, and inability to handle adversarial situations. He has suffered from crying spells.

IMR ISSUES, DECISIONS AND RATIONALES

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

psychiatric treatment regarding psychotropic medications once a month for a year:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the American Psychiatric Association Practice Guidelines.

Decision rationale: The Official Disability Guidelines state that office visits are medically necessary, as evaluation and management play an important part in establishing an accurate diagnosis, and in returning an injured worker to full function. The American Psychiatric Association Practice Guidelines states that therapeutic interventions should be continued for a minimum of 4-8 weeks, to establish benefit, since the benefit of psychotherapy comes on more gradually than benefit from medications. This patient has significant physical and psychiatric illnesses. He has taken opiates for an extended period of time, and psychiatric medications would appear to help his symptoms further, as well as to help him better cope with pain. Therefore, the request is medically necessary and certified.