MAXIMUS Federal Services

Case Number:	CM13-0042521		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2011
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation and Sports Medicine and is licensed to practice in New York and 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 32-year-old female who reported a work-related injury on 06/13/2011, as a result of a fall. The patient is status post arthroscopic lateral meniscal repair and chondroplasty of the medial femoral condyle as of 09/06/2013. Clinical note dated 09/12/2013 reports the patient was seen under the care of [redacted] for her pain complaints postoperatively. The provider documents the patient rates her pain as an 8/10. The provider documents the patient utilizes Tylenol No. 3, Keflex, and Xanax for sleep. The provider documents the patient is crying and is in severe pain from the right side of her lumbar area around L4, all the way down to her toes. The provider documented the patient presented with the following diagnoses: right knee reflex sympathetic dystrophy, right knee internal derangement residual, lumbar pain rule out herniated nucleus pulposus, right foot radiculopathy with sprain/strain, anxiety/depression, insomnia, GERD, and left wrist overuse syndrome sprain/strain. The provider documented because of the patient's emotional reaction and a very low pain threshold, the patient required home health care at 8 hours a day for 7 days a week for the next 6 weeks. In addition, the provider documented the patient required a psychological assessment due to the emotional outbursts and instability evidenced at this clinic visit. The provider documented the patient requires this urgently and immediately.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, pg. 23.

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence the patient presented with chronic psychological overly symptomatology to support the requested psychological evaluation. The multiple clinical notes submitted for review did not evidence the patient had any complaints of anxiety or depression prior to the clinical note dated in 09/2013. The provider documents the patient had an emotional outburst at the time of removal of the pain pump about the right knee postoperatively. The clinical notes do not indicate the patient has had a duration of his symptomatology, had been treated at a lower level of care with medications, or the patient's other symptoms or severity of symptomatology. California MTUS indicates to seen for patients with risk factors for delayed recovery, including fear avoidance beliefs. However, given all the above, the request for psych evaluation is not medically necessary or appropriate.

Home health: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, pg. 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS ACOEM Guidelines 2004, 2nd Edition, Page(s): 127.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient was seen postoperative to arthroscopic lateral meniscal repair and medial femoral chondroplasty as of 09/06/2013. The provider [redacted] documents that the patient, due to her pain response postoperatively, requires 8 hours a day, 7 days a week of home health care assistance. However, California MTUS indicates, "home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides such as bathing, dressing, and using the bathroom when this is the only care needed." Given all the above, the request for home health evaluation is not medically necessary or appropriate