

Case Number:	CM13-0051103		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2009
Decision Date:	07/03/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 66 year old worker who reported an injury on 09/17/2007 due to an unknown mechanism of injury. The injured worker complained of neck pain and numbness in his arm. On physical examination 07/31/2013 the left shoulder presented with abduction 90 degrees, flexion 90 degrees, adduction 30 degrees, and extension 40 degrees. His cervical spine was tender to palpation at the left paracervical muscles. On 02/28/2013 the injured worker had a left shoulder arthroscopy. On 08/06/2013 the injured worker had a nerve conduction study (NCS), and an electromyogram (EMG). The injured worker had a diagnoses of left shoulder impingement syndrome, partial rotator cuff tear, acromioclavicular joint separation, and cervical disk protrusion. The injured worker was on the following medications ketoprofen 75mg, and Norco 10/325mg. The current treatment plan is for a psych evaluation. There was not a rationale provided for the request nor a request for authorization form on file for review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)., Chapter 7, page 127 and Occupational Medical Practice Guidelines (OMPG). Additionally, (ODG) Official Disability Guidelines/Integrated Treatment Guidelines - Disability Duration Guidelines (DDG).

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

Decision rationale: The CA MTUS guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The note dated 11/11/2013 reported the injured worker had "psychiatric complaints". However, there were no specific symptoms documented. Given the above the request for psych evaluation is not medically necessary and appropriate.