

Case Number:	CM13-0052645		
Date Assigned:	12/30/2013	Date of Injury:	08/26/2012
Decision Date:	04/30/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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 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 patient is a 61-year-old female who sustained unspecified injury on 08/26/2012. The patient was evaluated on 09/19/2013 for complaints of constant left shoulder pain rated 7/10 on the VAS pain scale. It is noted the evaluation is in large part illegible. The documentation submitted for review indicated the patient had evidence of impingement and decreased range of motion. The documentation additionally noted the patient had tenderness to palpation to the bilateral shoulders and range of motion induced pain. The patient's diagnoses were noted as unspecified derangement of the shoulder joint, anxiety, emotional disturbance and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CONSULTATIONS QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. The documentation submitted for review did not indicate the patient had psychological factors to support the need for

psychological consultation. The documentation did not include subjective complaints or signs and symptoms of emotional disturbance. Therefore, the need for a psychological consultation is unclear. Given the information submitted for review, the request for psychological consultation is non-certified.