

Case Number:	CM13-0055359		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2011
Decision Date:	03/20/2014	UR Denial Date:	11/07/2013
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 licensed in Psychology 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 37-year-old female who reported an injury on 02/02/2011. The mechanism of injury was noted to be the patient was descending stairs while wearing a backpack vacuum cleaner weighing approximately 10 to 15 pounds and the patient missed a step with her left foot then twisted her left ankle and lost her balance, falling towards her left side and banging her left knee against the steps. The most recent clinical documentation was dated 09/27/2013 and indicated the patient did not present for the appointment. The patient's diagnoses were noted to include pain in joint lower leg, chondromalacia of the patella, sprain and strain of the knee/leg and tear of the lateral meniscus of the knee. The submitted request was noted to be for 1 psychiatric/psychological consult/treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A psychiatric/psychology consultation/treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

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

Decision rationale: California MTUS recommends the consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review failed to indicate the patient had signs and symptoms of depression, anxiety, or irritability. Additionally, the request would be excessive as the patient must be consulted before they can be treated. Given the above, the request for a psychiatric/psychology consult/treatment is not medically necessary.