

Case Number:	CM13-0057267		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2009
Decision Date:	03/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 Neurology, has a subspecialty in Geriatric Psychiatry, and Addiction Medicine and is licensed to practice in California 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 claimant is a 43 year old male whose date of injury is 10/17/2009, to bilateral knees, neck, and low back. This occurred during the course of his usual and customary duties as a carpet/vinyl installer, due to repetitive kneeling and using both knees to stretch carpet. He has been diagnosed with knee chondromalacia patellae, left leg joint pain, knee meniscus tear, spondylolisthesis, spondylosis, thoracic spine arthralgia, and cervicgia. He has had various X-rays and MRIs of his back and knees, and treatment has consisted of medications, physical therapy for the back and knees, knee braces, and a self procured corset for the back. He received one injection to the left knee, without benefit. In 01/2010 he underwent arthroscopic surgery to the right knee, from which he did not fully recover. In 03/11 he underwent left knee arthroscopic surgery. He complains of residual symptoms. He is depressed and has sleep interruption due to pain. He was being treated with Naproxen. The patient complains of anxiety, inability to sleep, and heart palpitations. He states that he does not want to pursue knee surgery as he feels that he is not emotionally ready. QME 10/03/2013: the patient continued to have pain in all affected areas, of neck, low back, and both knees (left worse than right). His low back pain radiates into the left groin, with pain radiating into the left leg down to the foot as well. He remains depressed and cautious about feeling that there is an end. Recommendation was made for arthroscopic treatment of the right knee. The patient is anxious about the recommended right knee surgery, feeling that he is getting visions at night that he may not live through the surgery. A psychology evaluation was suggested due to the patient's anxiety and increasing depression. 11/18/13: Workers' Compensation Re-evaluation. Continued pain on bilateral knees, L>R. The patient complains of heart palpitations related to his pain and anxiety. A psychology referral was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: ACOEM Guidelines state if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. Consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. There is limited documentation of psychological symptoms other than that the patient is anxious, depressed, has sleep disturbance, and feels that he has visions that he will not survive the surgery. There is no discussion of previous history, or lack thereof. There is insufficient symptom cluster to suggest that a psychological evaluation is warranted.