

Case Number:	CM13-0060284		
Date Assigned:	12/30/2013	Date of Injury:	05/01/2012
Decision Date:	06/05/2014	UR Denial Date:	11/17/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain and major depressive disorder reportedly associated with an industrial injury of May 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and prior shoulder surgery. In a Utilization Review Report of November 18, 2013, the claims administrator denied a request for unspecified amounts of psychological/psychiatric treatment, stating that no recent mental health progress notes were provided for review. The applicant's attorney subsequently appealed. In a handwritten progress note of November 5, 2013, the applicant's primary treating provider, an orthopedist, states that the applicant reports persistent shoulder pain and tightness. The applicant exhibits diminished shoulder range of motion with flexion and abduction to 120- to 150-degree range. Six additional sessions of physical therapy, psychological evaluation, and unspecified psychiatric treatment are endorsed, along with a rather proscriptive 20-pound lifting limitation. It is unclear whether the applicant is in fact working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH TREATMENT, QUANTITY AND DURATION UNKNOWN: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of followup visits may be determined by the severity of symptoms, whether or not an applicant was referred for further testing, and whether or not an applicant is missing work. In this case, as noted by the previous utilization reviewer, it was not clearly stated what prior psychological or psychiatric treatment the applicant had had. The applicant's work and functional status were not clearly detailed or clearly expounded upon. The applicant's severity of psychiatric symptoms and/or psychiatric issues was likewise not detailed, characterized, or described on the progress note in question. Furthermore, the request in question is very imprecise. Therefore, based on guidelines and a review of the submitted documents, the request for One Psych Treatment is not medically necessary.