

Case Number:	CM13-0062130		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	04/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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:

This is a 56-year-old female with a reported injury on 11/01/2011. The diagnosis: phobic disorders. On 11/19/2013, the patient presented complaining of intermittent minimal left shoulder pain and frequent moderate right shoulder soreness and aches with associated right arm numbness as well as right wrist numbness, tightness and pain. Objective findings indicated right shoulder reduced forward flexion at 150 degrees, abduction 120 degrees, and internal/external rotation at 70 degrees. There was positive impingement sign and apprehension test bilaterally. Also, tenderness over the biceps, deltoid musculature, rhomboids, and AC joint bilaterally. Previous MRI of the left shoulder showed AC joint arthropathy, supraspinatus and infraspinatus tendinosis, subacromial and subdeltoid bursal effusion. An EMG/NCV on 04/02/2013 was unremarkable. Diagnostic studies impression included right shoulder derangement, left shoulder derangement, right wrist sprain/strain and stress and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

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

Decision rationale: The CA MTUS Guidelines state "Recommended. 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 request for the psychiatric consultation is non-certified. The documentation provided for review did not indicate any psychiatric nor psychological symptomatology. Although the Guidelines do recommend psychological evaluations, there was no information provided for review to make a determination. As such, the request is non-certified.