

Case Number:	CM13-0062148		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2010
Decision Date:	04/11/2014	UR Denial Date:	12/04/2013
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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 patient is a 41 year old female who sustained an unspecified injury on 02/19/2010. The documentation submitted for review indicated the patient had a psychological evaluation on 04/04/2013. The documentation submitted for review noted the patient's diagnoses were pain disorder associated with psychological factors and a general medical condition, depression, questionable passive/maladaptive traits. The evaluation further stated there were relatively few matters of psychological or psychiatric significance for the patient. The patient was evaluated on 01/06/2014 for complaints of depression, anxiety and worried about future due to continuing pain. The documentation indicated the patient had psychological testing results which were not specified in the documentation. The patient's diagnoses were noted as depressive disorder and anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy consult for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Independent Medical Examinations And Consultations, page(s) 163

Decision rationale: The request for physical therapy consult for left shoulder is non-certified. The evaluation dated 01/06/2014 did not indicate the patient had any functional limitations, decreased range of motion, decreased endurance, nor other findings to substantiate the need for physical therapy. ACOEM states a 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. The documentation submitted for review did not indicate the patient had a questionable diagnosis or other determining factors to support the need for physical therapy consultation. As the patient did not have noted deficits to substantiate the need for physical therapy, nor questionable diagnosis to substantiate the need for consult, the request is not supported. Given the information submitted for review, the request for physical therapy consult for left shoulder is non-certified.

Behavioral medicine consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Independent Medical Examinations And Consultations, page(s) 163.

Decision rationale: The request for behavioral medicine consult is non-certified. ACOEM states a 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. The documentation submitted for review indicated the patient had previously undergone a psychological evaluation on 04/04/2013 which had significant findings. The documentation submitted for review did not indicate the patient had a significant change in condition since the previous psychological evaluation. Therefore, the need for an additional psychological evaluation is not supported. Given the information submitted for review, the request for behavioral medicine consult is non-certified.