MAXIMUS Federal Services

Case Number:	CM14-0000227		
Date Assigned:	02/10/2014	Date of Injury:	10/11/2012
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 injured worker is a 45-year old male who reported an injury on 10/11/2012. The injured worker was reportedly struck in the chest, left upper extremity, and left lower extremity while attempting to extinguish a fire. Current diagnoses include left rotator cuff syndrome, stress/anxiety/depression, pain in the left shoulder, pain in the left knee, bilateral tinnitus, left forearm pain, and bilateral forearm discoloration. The latest physician progress report submitted for this review is documented on 10/15/2013. The injured worker reported left shoulder myospasm and left knee spasm, as well as bilateral eye irritation. Physical examination revealed tenderness to palpation, muscle spasm in the left shoulder, and trigger points in the left shoulder. Previous conservative treatment was not mentioned. Treatment recommendations at that time included a followup with a psychiatrist, a request for a dermatology evaluation, and a request for an ophthamology evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The injured worker does maintain a diagnosis of stress/anxiety/depression. However, there is no mention of psychological symptoms. There was no documentation of a psychological examination. As the medically necessity has not been established, the current request is not medically necessary.