

Case Number:	CM14-0001254		
Date Assigned:	01/22/2014	Date of Injury:	04/25/2011
Decision Date:	06/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 37-year-old female who reported a repetitive motion injury on 04/25/2011. The medical examination in psychiatry dated 08/06/2013 noted the injured worker had taken the Minnesota Multi-phasic Personality Inventory-2 (MMPI-2) and Millon Clinical Multi-axial Inventory-III (MCMI-III) psychiatric testing. The interpretation of the tests noted the injured worker had depressive symptoms with some somatic preoccupations and the Beck Depression and anxiety inventories noted borderline clinical depression. The clinical note dated 10/03/2013 noted the injured worker had right elbow pain with numbness in her pinky and ring fingers. The injured worker further complained of poor sleep. The physical exam noted limited range of motion in the right elbow with a positive Neer's sign. The request for authorization was not provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC TREATMENT (MONTHLY), QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines (ODG) states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the submitted documentation there was a lack of documentation of the injured worker's overall progress in relation to functional improvement with prior treatment including medication management. The injured worker may require ongoing visits for medication adjustments; however, the request does not include the duration/quantity of visits being proposed. As such, the request is non-certified.

FOLLOW-UP PSYCH VISIT IN 45 DAYS, QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines (ODG) states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the submitted documentation there was a lack of documentation of the injured worker's overall progress in relation to functional improvement with prior treatment including therapy. The injured worker may require ongoing visits for therapy; however, the request does not include the duration/quantity of visits being proposed. As such, the request is non-certified.