

Case Number:	CM14-0001456		
Date Assigned:	06/11/2014	Date of Injury:	02/03/2012
Decision Date:	07/22/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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:

Based on the records provided for this independent medical review, this patient is a 46 year old male who reported an industrial/occupational work-related injury on February 3, 2012 for an injury to his left shoulder. The cause of the injury was not provided. The patient is status post shoulder/rotator cuff surgery. Medical records relating to his psychological status are very few, in fact only one clear mention was detected that stated the patient is experiencing anxiety and frustration and is concerned with regards to his incomplete healing. The patient following his surgery is still having incomplete range of motion, however he has had some significant overall improvements in his pain condition. A request for a psychological evaluation and rating was made and was non-certified. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGY EVALUATION AND FOR RATING: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions: cognitive behavioral therapy, psychological evaluations Page(s): 100.

Decision rationale: The original utilization review decision to non-certify the request for a psychological evaluation with rating was based on the fact that there is insufficient documentation in the medical record of significant ongoing psychological distress, symptoms, or diagnosis to warrant the medical necessity for an evaluation. According to the MTUS treatment guidelines "psychological evaluations are generally accepted, well established diagnostic procedures not only was selected use in pain problems, but also with more widespread use in chronic pain populations." A psychological evaluation can be requested from a treating physician under many circumstances, such as that the patient is having incomplete recovery as is true in this case. It may be needed to determine the impact incomplete healing on the patient. This patient has only been seen by primary care doctors, surgeons and OT specialists and his psychological status does not appear to have been assessed or addressed by anyone. One of the purposes of a psychological evaluation is to determine if there is a psychological problem or not. The absence of documentation active symptoms often can be a reflection of the treating providers not addressing it. Although I do agree with the utilization review finding this there is insufficient active documentation of psychiatric or psychological symptomology that does not preclude the use of a psychological evaluation to discuss the issue in depth and to determine if there is, or is not, a psychological problems that may be occurring. The request to overturn the non-certification of one psychological evaluation with rating is it is approved.