

<b>Case Number:</b>	CM14-0105054		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/10/1995
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational Medicine 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:

The patient is a 58-year-old male who has submitted a claim for depressive disorder not otherwise specified associated with an industrial injury date of April 10, 1995. Medical records from 2013-2014 were reviewed. The patient complained of right shoulder pain. There was associated anxiety and depression with sleep problems. The level of depression has slightly decreased but was still moderate to severe. Physical examination showed decreased range of motion of the right shoulder. There was marked tenderness over the acromioclavicular joint with positive Neer's and Hawkins sign. There was noted depression, anxiety and poor sleep. Treatment to date has included medications, physical therapy, psychotherapy, home exercise program, activity modification, neuroma excision of the right hand, cervical epidural steroid injections, Utilization review, dated June 16, 2014, modified the request for psychiatric consultation once every 3 to 4 months (total of 4 visits) to two follow-up visits for medication changes and provision of treatment plan to allow for a plan to be provided in reference to the need with a discussion of the changes made with the treatment to support continuation. In addition, changes needs to be made to the medication management since there was no significant improvement with the present treatment regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two follow-up visits for medication changes and provision of treatment plan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visits.

**Decision rationale:** CA MTUS does not specifically address follow-up visits; however, according to the Official Disability Guidelines, evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, previous psychiatric consultation was done last April 28, 2014 showing persistence of moderate to severe depression. Previous utilization review dated June 16, 2014 state that there was nothing submitted that showed progress with the psychiatric treatment provided. Follow-up visits may be necessary for medication changes and provision of treatment plan to be done. However, the above request has already been certified as a modification from the request for psychiatric consultation once every 3 to 4 months (total 4 visits) on a previous utilization review dated June 16, 2014. Therefore, the request for Two follow-up visits for medication changes and provision of treatment plan is not medically necessary.