MAXIMUS Federal Services

Case Number:	CM14-0109539		
Date Assigned:	08/01/2014	Date of Injury:	08/23/2007
Decision Date:	09/18/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitaion 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 injured worker is a 54-year-old female who reported an injury on 08/23/2007. The mechanism of injury is not provided within the documentation submitted for this review. Her diagnoses were noted to be cervical spine disc bulges, thoracic spine strain, right elbow strain, and right carpal tunnel syndrome. Her surgical history was noted to be right shoulder surgery on 08/11/2012 and left shoulder surgery on 02/08/2012. Prior treatments were noted to be acupuncture, extracorporeal shockwave treatment, physical therapy, chiropractic therapy, injections, and medications. Diagnostic testing included X-rays, MRI, and CT scan. A clinical evaluation on 06/03/2014 notes the injured worker with subjective complaints of neck, right shoulder/arm, right elbow/forearm, right wrist/hand, left shoulder, and upper back pain. The objective physical exam findings revealed right lateral shoulder with intact sensation. The treatment plan was for right shoulder scope subacromial decompression and rotator cuff repair. In addition, the injured worker's treatment plan includes acupuncture, consultations for psych followup, pain medicine followup and an orthopedist for right shoulder procedure, ENT initial consultation, and urology as a followup. The provider's rationale for the request is noted within the documentation. A Request for Authorization form was not provided within this review for this particular request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The request for Psychiatry follow-up is not medically necessary. The California Medical Treatment Utilization Schedule states frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and the patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources), and to reinforce the patient's supports, and the positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone, to avoid interfering with modified or full duty work, if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty), or at least once a week if the patient is missing work. According to the documentation submitted for review the most recent progress report does not indicate severity of symptoms in the objective data. It was not noted that the injured worker was missing work. In addition, there was no objective support for the injured worker with lack of coping mechanisms. The provider's request fails to indicate if this interaction requested was to be conducted on site or by telephone. Therefore, the request for Psychiatry follow up is medically not necessary.