

Case Number:	CM14-0013200		
Date Assigned:	02/24/2014	Date of Injury:	10/15/2010
Decision Date:	07/07/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal 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 injured worker is a 32 year old male injured on 10/15/10 when he slipped on a wet floor striking his knee. Current diagnoses include possible internal derangement of the left knee, insomnia, and depression/anxiety. Comprehensive psychiatric evaluation performed on 09/30/13 indicates the injured worker presented complaining of burning, pins and needles sensation to the left knee with symptomatic bilateral crepitus to the left kneecap. The injured worker also reported left lower back pain. The documentation indicated the injured worker continued to manifest prominent dysphoric symptoms, tiredness and weakness, lost of interest in events and lack of motivation. The injured worker reported feelings of uselessness, worthlessness, lack of self confidence, and self esteem. The clinical note dated 11/21/13 indicated the injured worker had limping gait with lumbar spine tenderness, positive straight leg raise, and painful patella femoral crepitus at the left knee. Consultation with psychologist recommended for psychiatric care to include medication as well as supportive psychiatric care. The initial request for psychiatric care and medication request was initially not recommended on 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC CARE AND MEDICATION REQUESTED BY [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 7, PAGE 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Behavioral interventions.

Decision rationale: As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, behavioral treatments are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. However, the documentation does not indicate the type, duration, or goals for the injured worker's psychiatric care. Additionally, the request for medication is non-specific and does not address the specific needs of the injured worker. As such, the request for psychiatric care and medication requested by [REDACTED] cannot be recommended as medically necessary.