Case Number:	CM14-0122475		
Date Assigned:	08/06/2014	Date of Injury:	07/24/2011
Decision Date:	09/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/04/2014

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 licensed in Psychology 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 claimant is a 44 year-old female ([redacted]) with a date of injury of 7/24/11. The claimant sustained injury to her right shoulder on 7/11/14 when she was cleaning the tile floor underneath the sink and stood up quickly, hitting her right shoulder on the sink. The claimant sustained this injury while working as a housekeeper for the Beverly Garland Holiday Inn. In his consultation report, Dr. [redacted] diagnosed the claimant with: (1) Cervical radiculopathy; (2) Lumbar radoculopathy; (3) Posttraumatic stress disroder; and (4) Depression. Additionally, in his PR-2 report dated 3/14/14, Dr. [redacted] diagnosed the claimant with: (1) Right shoulder status post arthroscopy, subacromial ecompression, AC joint resection; (2) Frozen right shoulder, improving; (3) Tendinitis right shoulder; (4) Left shoulder tendinitis, compensatory consequence; (5) Cervical strain, improving; (6) Degenerative disc disease cervical spine; (7) Mulit-level herniated disc cervical spine; (8) Neuropathic pain; (9) Headaches, improving; (10) Right elbo medical epicondylitis; (11) Patellofemoral pain yndrome bilateral knees; and (12) Depression secondary to pain. It is reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her "Secondary Treating Physician's Psychological Evaluation with Review of Medical Records and Treatment Authorization Request" dated 2/15/14, Dr. [redacted] diagnosed the claimant with: (1) Major depression, single episode, with psychotic features; and (2) Pain disorder associated with both psychological factors and a general medical condition. The claimant is being treated for her psychiatric symptoms with psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The CA MTUS guideline regarding the use os psychological evaluations will be uesd as refernece for this case.Based on the review of the medical records, the claimant completed an initial psychological evaluation/consultation with Dr. [redacted] in February 2014 and has subsequently been treating with her. Given this information, the request for a "Psychology Consultation" is not medically necessary.