

Case Number:	CM14-0020996		
Date Assigned:	04/30/2014	Date of Injury:	08/06/2010
Decision Date:	07/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 63 year-old female [REDACTED] with a date of injury of 8/6/10. The claimant sustained orthopedic injuries to her cervical spine, lumbar spine, and right shoulder while working for Recovery Innovations, Inc. In his 1/21/14 "Agreed Medical Re-Examination", [REDACTED] diagnosed the claimant with: (1) Status postindustrial slip and fall injury with multiple soft tissue contusions, 1/24/08, all resolved without permanent disability; (2) Alleged industrial slip and fall injury with right knee contusion, 10/13/08, resolved; (3) Status post-acute industrial slip-and-fall injury with multiple soft tissue contusions, 8/6/10; (4) Acute cervical sprain/strain secondary to impression #3; (5) Acute lumbosacral sprain/strain secondary to impression #3; (6) Right shoulder contusion secondary to impression #3; (7) Status post right shoulder arthroscopy with arthroscopic rotator cuff repair, sub acromial decompression, distal clavicle excision, bursectomy, and labrectomy, 2/9/11; (8) Persistent biceps tendon tear, confirmed per MRI study of 2/20/13; (9) Status post L4-5 anterior lumbar interbody fusion with instrumentation, 7/31/12; and (10) Status post repeat right shoulder arthroscopy with revision subacromial decompression and distal clavicle excision with labral and rotator cuff debridement and biceps tenodesis, 5/15/13. In addition, she has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his "Psychiatric Consultation with Request for Authorization of Treatment" dated 11/26/13 and in his 1/6/14 RFA form, [REDACTED] diagnosed the claimant with: (1) Pain disorder due to psychological features and general medical condition; (2) Major depressive disorder, single episode, moderate; and (3) Anxiety disorder, NOS. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC MANAGEMENT 1 TIME EVERY 2 WEEKS FOR 3 MONTHS, THEN 1 TIME PER MONTH FOR 1 YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398, 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address follow-up psychiatric visits therefore, the Official Disability Guidelines regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychiatric evaluation with [REDACTED] in November 2013 and is in need of follow-up medication management services. Although the claimant does require ongoing medication management services, the request for 1 visit every 3 weeks for 3 months and then 1 time per month for 1 year appears excessive at this time. The ODG states, "As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The number of follow-up psychiatric visits requested does not offer a reasonable period of time for reassessment. As a result, the request for Psychiatric management 1 time every 2 weeks for 3 months, then 1 time per month for 1 year is not medically necessary.