

Case Number:	CM14-0025248		
Date Assigned:	06/11/2014	Date of Injury:	02/17/2012
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 Family 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 36 year old male with a date of injury of 02/17/12. He is noted to be status post ACL reconstruction with subsequent debridement of partial ACL tear and roof plasty arthroscopically on 08/22/13. The injured worker is diagnosed with major depressive disorder; insomnia type sleep disorder due to pain; and male hypoactive sexual desire due to pain. Per a PR-2 progress report dated 12/12/13 the injured worker is doing well without any medications. A comprehensive report of consulting physician/psychiatry dated 03/17/14 noted that the injured worker was initially referred for evaluation on 04/15/13 to determine if he is a candidate for psychiatric treatment for his emotional symptoms. It was noted that psychiatric symptoms developed in response to chronic pain and disability. The injured worker was noted to continue to experience significant symptoms of depression and anxiety, and sleep remained disturbed. He is noted to have participated in individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT ONE SESSION A MONTH FOR SIX MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Health and Stress, Office visits.

Decision rationale: Per the Official Disability Guidelines, office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Noting that the injured worker was reported to be doing well without any medications per a progress report dated 12/12/13, and noting that the utilization review on 02/06/14 recommended modification of the request for approval of monthly psychotropic medication management one session a month for 3 months, the request is not supported as medically necessary and appropriate.