

Case Number:	CM14-0027503		
Date Assigned:	06/13/2014	Date of Injury:	08/06/2008
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 Board Certified in Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry 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:

Records reviewed include 52 pages of medical and administrative records. The injured worker is a 44 year old female whose date of injury is 08/06/08. Her diagnoses were depressive disorder not otherwise specified, and chondromalacia of the patella, osteoarthritis of the right knee, sprain of the right knee, ACL tear partial, and chronic pain syndrome. She was being treated for right knee pain with burning sensation, and depression. Medications included duloxetine 60mg daily, Elavil 25mg at bedtime, Silenor 6mg at bedtime, Percocet 10/325mg 6 times per day, Oxycontin 15mg every 12 hours, Voltarin gel 4 times per day, Duexis TID, and Colace. Progress notes included for review by [REDACTED] of 11/4/13, 12/2/13, 12/30/13, 1/27/14 do not reference any behavioral or emotional disturbance in this patient other than to mention that she was being treated for depression. There were no psychiatric/psychological records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRY CONSULTATION 1X A WEEK FOR 8 WEEKS: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines, page(s) 127.

Decision rationale: CA-MTUS does not reference psychiatric consultation, therefore ACOEM was utilized in the formulation of this decision. There is no evidence in progress notes provided that the patient suffers from behavioral or emotional issues that would require consultation with a psychiatrist or psychologist. Other than making mention being treated for depression with duloxetine, and sleep disturbance with Elavil, there are no subjective or objective symptoms described by the patient or the examining provider. Per ACOEM, the health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A referral may be for consultation: to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Based on records provided for review and the above guidelines, this request is noncertified.