

<b>Case Number:</b>	CM14-0029947		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, 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:

This is a 52 year old male with date of injury 5/2/2012. Date of the UR decision was 2/25/2014. The injured worker encountered left hand crush injury and is status post fasciotomies, carpal tunnel release and release of triggering left index and middle fingers. It is indicated that he has had at least 10 surgeries for the same. Progress Report dated 1/30/2014 suggested that the injured worker presented as being extremely anxious on prior to the Nerve Conduction Study and had to sent to an Emergency Department to consult with a Psychiatrist. The available documents do not suggest any other mention of ongoing Psychological symptoms being experienced by the injured worker except the isolated incident of extreme anxiety prior to the study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Evaluation per report 01/30/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

**Decision rationale:** The injured worker is 52 year old male who encountered left hand crush injury at work and has undergone at least 10 surgeries for the same. Progress Report dated 1/30/2014 suggested that the injured worker presented as extremely anxious on the day of the Nerve Conduction Study and was sent to an Emergency Department for a consult with a

Psychiatrist. The available documents do not suggest any other mention of Psychological symptoms being experienced by the injured worker except the once incident of extreme anxiety prior to a study. ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. The isolated incident of anxiety, in this case, appears to related to the anticipation from the Nerve Conduction Study. There is no evidence of any ongoing Psychological symptoms related to the industrial injury. The request for a Psychological Evaluation is not medically necessary at this time.