

Case Number:	CM14-0036182		
Date Assigned:	06/25/2014	Date of Injury:	01/23/2013
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 with a date of injury of 1/23/13. The claimant sustained orthopedic injuries to her wrists, neck, knees, low back, and right hip when she tripped over a door stopper, landing on her knees and hands. The right side of her body took most of the fall. The claimant sustained these injuries while working as a warehouse tech for [REDACTED]. In their 2/3/14 report, [REDACTED] and [REDACTED] diagnosed the claimant with: Aftercare for surgery of the musculoskeletal system (right knee); Tear of medial meniscus of the bilateral knees; Lateral collateral ligament sprain of the bilateral knees; Partial tear of rotator cuff tendon of the right shoulder; Tendinitis / Bursitis of the right hand / wrist; R/O carpal tunnel syndrome (median nerve entrapment at the right wrist); Tendinitis / bursitis of the right hip; and Bell's palsy. The claimant has been treated via medications, physical therapy, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Factors Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101, 125.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS

Chronic Pain Medical Treatment Guidelines. Psychological Evaluations, pg. 100-101.

Decision rationale: The California MTUS guidelines regarding the use of psychological evaluations and psychological treatment in chronic pain cases will be used as references for this case. Based on the review of the medical records, the claimant continues to struggle with chronic pain despite have received medications, physical therapy, and surgery. The California MTUS indicates that psychological evaluations are recommended. It states, Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Since the claimant has yet to be evaluated to determine further interventions, a request for a psychosocial factors screening / psychological evaluation appears reasonable. As a result, the request for a Psychosocial Factors Screening is medically necessary.