

<b>Case Number:</b>	CM14-0036944		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 21 year-old female (██████████) with a date of injury of 9/12/13. The claimant sustained injury to her right thumb when her thumb was accidentally stabbed by a co-worker while preparing food as a food preparer for ██████████. The claimant also has complaints of right wrist pain due to cumulative trauma from repetitive use. In his PR-2 report dated 1/17/14, ██████████ diagnosed the claimant with Right carpal tunnel syndrome and Status post laceration right thumb. In a 2/20/14 Doctor's First Report of Occupational Injury or Illness, ██████████ diagnosed the claimant with Adjustment disorder due to chronic pain with mixed anxiety and depressed mood.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation With a Psychologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, pages, 100-101.

**Decision rationale:** The California MTUS Guideline for the use of psychological evaluations in the treatment of chronic pain will be used as reference in this case. Based on the medical records submitted for review, it appears that [REDACTED] initially evaluated the claimant on 12/16/13. In that Primary Treating Physician's Initial Comprehensive Evaluation and request for authorization of treatment, [REDACTED] not only diagnosed the claimant with orthopedic injuries, but also noted an unspecified adjustment reaction and recommended a psychological evaluation. Although he did not offer evidence of any psychological symptoms, the fact that he recognized an adjustment reaction is sufficient for the request. As a result, the request for an Evaluation with a Psychologist is medically necessary. It is noted that the claimant was seen and evaluated on 2/20/14 by [REDACTED]. Therefore, the request is medically necessary.