MAXIMUS Federal Services

Case Number:	CM14-0038265		
Date Assigned:	06/25/2014	Date of Injury:	01/28/2008
Decision Date:	08/13/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 Internal 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 patient is an injured worker with a left knee condition. The date of injury was 01-28-2008. The patient presented on 3/5/14 with neck, back, right shoulder, debilitating left knee and right arm pain, drowsiness, blurred vision, dizziness, poor concentration, poor balance and involuntary muscle twitching, recurrent falls, and hallucinations. Physical examination revealed the patient was depressed, and a bruise in the lateral aspect of the right thigh. Diagnoses include psychiatric injury, reports of psychiatric symptoms apparently increasing and related to his medications, chronic multiple areas of pain back neck, right shoulder, and left fifth digit due to a fall from his truck while working, mild to moderate depression related to his pain and disability, multiple minor side effects due to medications, including mild hypogonadism, hypothyroidism, active hepatitis C, probable internal derangement of left knee. Treatment to date includes medication. Treatments requested were inpatient psych treatment and orthopedic consultation for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Psych Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Mental Illness & Stress, Hospital length of stay (LOS)U.S. Department of Health and Human Services Guideline.Gov.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions states that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recommended that serious conditions such as severe depression and schizo- phrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. U.S. Department of Health and Human Services guideline.gov archives clinical practice guidelines. National Collaborating Centre for Mental Health guidelines for the treatment and management of depression in adults (2009) states that inpatient care is possible intervention for patients with severe and complex depression, risk to life, severe self-neglect. The patient is an injured worker with a left knee condition. Physical examination on 3/5/14 revealed the patient was depressed, and a bruise in the lateral aspect of the right thigh. Diagnoses include psychiatric injury, reports of psychiatric symptoms apparently increasing and related to his medications, mild to moderate depression related to his pain and disability. Depression was described as mild to moderate, no severe and complex. No suicidal ideation was documented. Severe self-neglect was not documented. Medications were not documented. The available medical records do not support the medical necessity of inpatient psychiatric hospitalization.Therefore, the request for inpatient psych treatment is not medically necessary.

ORTHOPEDIC CONSULTATION FOR LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official disability guidelines ,evaluation and management (E&M).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334, 343-344.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints states that signs of neurovascular compromise, unreduced dislocation, infection, or tumor that correlate with the patient's medical history and test results may indicate a need for immediate consultation. Chapter 7 Independent Medical Examiner states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. Physical examination on 3/5/14 revealed the patient was depressed, and a bruise in the lateral aspect of the right thigh. Diagnoses included probable internal derangement of left knee. Orthopedic consultation for left knee was requested. No physical examination of the knee was documented. The available medical records do not document x-ray or other imaging studies. Physical therapy was not documented. Medical records do not support the medical necessity of orthopedic consultation. Therefore, the request for orthopedic consultation for left knee is not medically necessary.