

Case Number:	CM14-0055315		
Date Assigned:	07/07/2014	Date of Injury:	08/10/2012
Decision Date:	08/07/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/24/2014

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:

Based on the records provided for this independent medical review, this patient is a 46 year old female who reported an industrial/occupational work related injury on August 10, 2012. The injury was reportedly caused by cumulative trauma to her hand, wrist and ankles as a result of continuous and repetitive actions of her job, she was working as a dietary aid/tray setter, her work involved washing dishes with a water hose, and lifting a lever to open the washing machine from her chest to her upper shoulder many times a day, cleaning the dirty trays, disposing trash bags, sweeping, mopping, carrying food supplies and pushing a heavy cart of food. The pain is making it difficult for her to fall asleep and sustain sleep. The patient reports constant moderate to severe pain in the bilateral wrists and hands. There is also pain intermittent slight to moderate in the left ankle and foot. The patient is status post-surgery to the right wrist and right hand, and has been diagnosed with carpal tunnel syndrome, tendinitis/bursitis the hand and/wrist, left ankle sprain/strain, Myofasitis, Plantar Fasciitis, A request for one psychological factors screening test was made and non-certified, this IMR will address a request to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Factors Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ; Evaluation of Psychosocial Factors; Assessment Approaches Page(s): 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Evaluations Page(s): 100.

Decision rationale: The utilization review decision to non-certify one psychological factors screening was made with the rationale being that insufficient documentation of psychological issues was provided that there was no mention of any depression or anxiety. After a comprehensive and thorough review of all the records provided I do concur that the utilization review comment that there was insufficient documentation of any psychological symptoms of any kind. There was absolutely no mention of any psychological struggles or symptoms. The treating doctor's request for this treatment modality was clearly stated that it was based solely on the patient's delayed recovery. According to the MTUS for patients with complex presentation, psychosocial factors screening have proven better predictors of chronicity been printed clinical findings. The MTUS for psychological evaluations that step 2 is to identify patients who continue to experience pain and disability after the usual time of recovery. Although the patient does appear to be having delayed recovery, the question is whether or not having delayed recovery would be sufficient to request a psychological factors test. The request is not medically necessary.