MAXIMUS Federal Services

Case Number:	CM14-0064452		
Date Assigned:	07/11/2014	Date of Injury:	06/05/2012
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 had a date of injury of 6/5/2012 and is treated for cervical, thoracic and lumbar spine strain, bilateral shoulder, elbow and wrist strain. According to the records oral medications are used for symptoms. There is no other documentation of previous assessment or treatment. The requests are for orthopedic and psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 100.

Decision rationale: The CA MTUS does recommend initial psychological evaluation to evaluate and assess any combined conditions that might affect management of chronic pain. The request in this case is for psychological follow up and the submitted records contain no subjective or objective assessment of any diagnosis or clinical situation that requires follow up with a psychologist or psychiatrist. As such, the followup request is not medically necessary.

Orthopedic follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case contain no documentation of any indication for orthopedic follow up. As such, orthopedic follow up is not medically necessary.