

<b>Case Number:</b>	CM13-0065353		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 injured worker is a 44 year old male, who sustained an industrial injury on 1/31/11. He has reported left shoulder injury after a fall carrying 100 pound drill press. The diagnoses have included disorders of the bursa and tendons shoulder region and adjustment disorder with depressed mood. Treatments to date have included conservative measures, medications, surgery and physical therapy. He currently complains of left shoulder pain that has improved with surgery, right shoulder pain, and depression due to work injury. Physical exam revealed positive impingement right shoulder and decreased range of motion. The treatment was for Magnetic Resonance Imaging (MRI) right shoulder and psych evaluation. Work status was to work with restrictions. On 11/21/13 Utilization Review non-certified a request for PSYCHOLOGICAL EVALUATION, noting that the PSYCHOLOGICAL EVALUATION is not medically necessary or appropriate. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological evaluations Psychological evaluations are generally accepted, well-established.

**Decision rationale:** Psychological evaluations are recommended to assist in distinguishing between preexisting conditions VS those that are work related; a psychosocial evaluation may determine the need for further intervention. The interpretation of the psychological evaluation can guide the clinician towards a better understanding of the patient's needs, with the goal being more effective rehabilitation and less likelihood of developing chronic pain. The psychological evaluation can identify those at higher risk for development of chronic pain, allowing for earlier intervention psychologically and subsequent lower risk for work disability. There are however no documented psychological or psychiatric complaints noted of depression or anxiety, e.g. no specific signs or symptoms, subjective or objective, noted by the patient or in any of his progress notes. This request is therefore noncertified.