

Case Number:	CM14-0122144		
Date Assigned:	08/06/2014	Date of Injury:	05/13/2013
Decision Date:	04/15/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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

Certification(s)/Specialty: Psychologist

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 56 year old male, who sustained an industrial injury on May 13, 2013. The diagnoses have included carpal tunnel syndrome (median nerve entrapment at the right wrist), tendinitis/bursitis of the right hand/wrist, bursitis and tendinitis of the right shoulder, lateral epicondylitis of the right elbow, medial epicondylitis of the right elbow, sleep disorder and headache, tension. Treatment to date has included 11 physical therapy sessions, topical medication and oral medication. Currently, the injured worker complains of right wrist and hand pain, right shoulder and right elbow pain. In a progress note dated June 18, 2014, the treating provider reports examination of the shoulders revealed tenderness to the right rotator cuff muscles and right upper shoulder muscles, positive speed test on the right and supraspinatus test was positive on the right. Elbows examination revealed spasm, tenderness to the right medial and lateral epicondyles, positive Cozen's test on the right and reverse Cozen's test positive on the right. Wrists and hand examination revealed spasms and tenderness to the right anterior wrist, left wrist Jamar Dynamometer readings were 62/64/ and the right wrist Jamar Dynamometer readings were 40/40/40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial factors screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the limited medical records, the injured worker has continued to experience chronic pain since his injury. Although it is briefly noted that the injured worker demonstrated some delay in recovery, there is not enough documentation demonstrating the need for a psychosocial factors screening/psychological evaluation. Without enough documentation to substantiate the request, the request for a psychosocial factors screening is not medically necessary.