

<b>Case Number:</b>	CM14-0170631		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Occupational 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:

This case involves a 58-year-old female with a 2/15/12 date of injury. Documents from 2014 have been reviewed. The patient had persistent complaints of stress, anxiety, depression, and insomnia since February 2014. She also had complaints of chronic left knee pain status post a left knee meniscectomy on 5/28/13 with 12 sessions of post-op physical therapy (PT). Exam findings of the left knee included patellofemoral crepitus, mild decrease in flexion and extension, positive McMurray's and Apley's tests, and diffuse tenderness. A left knee arthroscopy was recently granted given the patient's chronic pain despite her history of meniscectomy and PT. Treatment to date includes left knee arthroscopy, PT, and medications. The UR decision dated 9/30/10 modified the request to one psychological evaluation as the patient has had complaints of stress, anxiety, depression, and chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Evaluation/Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

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

**Decision rationale:** CA MTUS states that psychological evaluations are recommended and are generally accepted well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. This patient has chronic pain in her left knee and associated psychiatric complaints; however, the request as submitted also includes non-specific treatment. Medical necessity cannot be established without the specific treatment, and duration and frequency requested. Therefore, the request is not medically necessary.