

Case Number:	CM14-0177669		
Date Assigned:	12/15/2014	Date of Injury:	02/15/2012
Decision Date:	01/15/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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:

The injured worker is a 58 year-old female (██████████) with a date of injury of 2/15/12. The injured worker sustained orthopedic injury to her left knee and back when she stepped onto a counter from a stool and fell. She sustained these injuries while working as a medical assistant for ██████████. In his 9/5/14 report, treating physician, Dr. ██████ diagnosed the injured worker with internal derangement, left knee; tear of the medial and lateral menisci, left knee, per post arthrogram per MRI done July 14, 2014; chondromalacia of the patella, left knee per MRI done on July 14, 2014; and chronic sprain of the medial collateral ligament of the knee per MRI done on July 14, 2014. Due to the injured worker's continued chronic pain, a recommendation for psychological services was made by ██████████. The request under review is for an initial psychological evaluation and follow-up treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychological Evaluation/Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Psychological evaluations Page(s): 101-102; 100-101.

Decision rationale: The California MTUS guidelines for the use of psychological treatments and psychological evaluations in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in February 2012. The California MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Based on this guideline, the request for follow-up treatment is premature. As a result, the request for "1 Psychological Evaluation/Treatment" is not medically necessary.