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| Case Number: | CM14-0186796 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 12/02/2012 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Psychiatry 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 51 year old male with date of injury 12/2/2012. Date of the UR decision was 10/16/2014. He encountered industrial injury to the right knee as a twisting injury when he tripped on the floor mat. Per report dated 9/30/2014, he presented with constant severe sharp pain in bilateral knees which is aggravated by walking and horizontal positions. He underwent bilateral knee surgery (right knee arthroscopic surgery with partial medial meniscetomy on 7/12/2013 and left knee surgery on 7/15/2014) and participated in post surgical physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Psychosocial factors screening (one evaluation): 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): 100-102.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that "Psychological treatment is recommended for appropriately identified patients during treatment of chronic pain." Upon review of the submitted documentation, it is evident that the injured worker encountered bilateral knee injury s/p surgical intervention and post surgical physical therapy. There is no

documentation regarding any psychological issues being experienced by the injured worker that would require psychosocial factors. The request for post-op psychosocial factors screening (one evaluation) is not medically necessary.