

Case Number:	CM14-0198929		
Date Assigned:	12/09/2014	Date of Injury:	09/09/2009
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/26/2014

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 Psychologist (PHD, PSYD) 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 50 year-old female with a date of injury of 9/9/2009. The injured worker sustained injury to her shoulder while working for [REDACTED]. In their "Orthopedic Exam Report" dated 10/13/14, Physician Assistant, [REDACTED], and Dr. [REDACTED] offered the following assessment: (1) Rotator cuff repair; (2) Adhesive capsulitis of shoulder; and (3) Arthroscopy of shoulder. She has been treated with medications, physical therapy, and surgery. It is also reported that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injury and pain. In the RFA dated 10/30/14, the injured worker is diagnosed with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS; (3) Female hypoactive sexual desire disorder; and (4) Sleep disturbance due to chronic pain. She has been receiving both psychiatric medication management services as well as psychological services to treat her symptoms. The request under review is for an additional psychological consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluations will be used as reference for this case. Based on the review of the medical records, the injured worker has been receiving psychological services from Dr. [REDACTED] and his colleagues. However, the exact nature of the services nor how many sessions have been completed to date are not known. In the "Requested Progress Report" dated 10/17/14, some of the subjective complaints include, "She continues to feel sad and anxious. Reports feeling depressed and is preoccupied with persisting pain." The objective findings are noted to be, "Sad and anxious mood; appears lethargic; apprehensive. Client is preoccupied with persisting pain and physical limitations. She appears responsive to treatment when able to attend and is therefore in need of further mental health services." Despite this statement, the only progress noted is "Increased level of motivation ad hopefulness." It is unclear from the records the purpose for an additional psychological consult as the injured worker has already completed a psychological consult and is the middle of treatment. As a result of insufficient information to support the request, the request for additional "Psych Consult" is not medically necessary.