

Case Number:	CM15-0003206		
Date Assigned:	01/14/2015	Date of Injury:	11/25/2013
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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 62 year old female who sustained an industrial injury on 11/25/2013 with complaints of knee pain. At presentation for follow up on 12/09/2014 the injured worker was complaining of being stressed due to not being able to perform her regular work duties and being verbally abused by coworkers. She also complains of loss of vision due to repetitive strain of her eyes at work. She reports that at one point one of her coworkers purposely splashed a hazardous chemical in her eyes. She also states her diabetes has worsened because of all her stress. Physical exam of the knee noted tenderness to palpation with positive McMurray's test. Prior treatments related to the knee injury (physical therapy, bio freeze, knee brace and medications) are documented. There are no prior treatments for stress documented. Diagnoses includes right knee medial meniscus tear, right knee PFS (Patello-femoral syndrome). On 12/30/2014 utilization review non - certified the request for evaluation and treatment by a Psychologist, noting there is insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested consultation and treatment as being related to the knee injury. ACOEM was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with a Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions Page(s): 101-102; 23.

Decision rationale: It is unclear from the medical records as to the reason or rationale for a psychological evaluation and treatment as there is no substantiating information to support the request. Without relevant information regarding psychiatric symptoms, possible psychological issues interfering with recovery, etc. the need for a psychological evaluation cannot be fully determined. Additionally the request for treatment is premature as an evaluation needs to be conducted first in order to present more specific diagnostic information as well as appropriate treatment recommendations. As a result, the request for evaluation and treatment with a psychologist is not medically necessary.