

Case Number:	CM15-0004540		
Date Assigned:	01/15/2015	Date of Injury:	08/03/2013
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 8/3/13. He has reported pain in the left hand and wrist. The diagnoses have included closed fracture of metacarpal bones and unspecified derangement of forearm joint. Treatment to date has included physical therapy, diagnostic studies and oral medications. The PR2 dated 10/8/14, indicated that the injured worker was still having problems with anxiety and depression. There are progress notes for 11/12/14 and 12/17/14, but there is no documentation as to the injured workers mental status. The treating physician is requesting a psychiatric evaluation. On 12/30/14 Utilization Review non-certified a request for a psychiatric evaluation, the UR physician cited the ODG guidelines on mental illness and stress. On 1/9/15, the injured worker submitted an application for IMR for review of psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consultation: Overturned

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 & Stress, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM : The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability The patient has the symptoms of ongoing depression and anxiety. These disease states are outside of the scope of practice of the requesting physician. Therefore psychiatric consultation is medically warranted.