

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0009913 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 09/24/2013 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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 42 year old male, who sustained an industrial injury on 09/24/2013. He had reported that he was lifting an appliance up a flight of stairs with a co-worker using a dolly and the co-worker had pushed when the injured worker was not ready allowing the dolly to hyperextend the injured worker's right thumb. The injured worker was diagnosed with right wrist de Quervain's tenosynovitis, status post right wrist de Quervain's release, stress, anxiety, and depression. Treatment to date has included use of a brace, activity modification, medication regimen, physical therapy, acupuncture, above listed surgical procedure, psychotherapy, home exercise program, and multiple cortisone injections. Currently, the injured worker complains of constant pain to the right wrist with numbness and tingling to the right hand. The treating physician requested continued follow-up with the treating psychologist noting the diagnoses of stress, anxiety, and depression. On 12/17/2014 Utilization Review non-certified the requested treatment of follow up psychological office visit, noting that this request is not addressed in Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine, and other secondary guidelines along with the Utilization Review indicating this to not be a current psychological standard of practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Office Visit Psych: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. With respect to this request for follow-up visits, it is not supported as being medically necessary. The request is unspecified in terms of quantity. All requests for psychological treatment that are submitted for IMR need to have a specific quantity of the treatment modality. Without specifying the quantity this becomes essentially a request for unlimited number of follow-up visits. While the concept of follow-up visits in general medical practice are important, the distinction between a follow-up visit and a psychotherapy session is unclear. In general, material that would be discussed in a follow-up visit would consist of the same material that would constitute any psychological treatment session. The patient has been approved for of course of treatment consisting of group cognitive behavioral psychotherapy, relaxation therapy/hypnosis, and psychiatric monthly consultation. It is not clear how the follow-up visit is different from his ongoing approved psychological treatment or why it is not bring intergrated into it. The request for unspecified number of follow-up visits is not supported as being medically necessary and therefore the original non-certification utilization review decision is upheld.