

Case Number:	CM15-0108306		
Date Assigned:	06/15/2015	Date of Injury:	02/28/1996
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 57-year-old female who sustained an industrial injury on 02/28/1996 incurring shoulder, hand and wrist injuries. She was diagnosed with bilateral carpal tunnel syndrome, and bilateral shoulders impingement. Treatments included surgery, PT, splinting, medications, and work restrictions. She currently complains of an exacerbation of right shoulder pain. She presented with stress and anxiety. No current records were provided past 09/2014. It is unknown what, if any, medications or treatments the patient is currently receiving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) monthly psychotropic medication management and treatment sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychotropic medication management Official disability guidelines Mental Illness & Stress, office visits.

Decision rationale: No current records were provided for review, beyond 09/2014. The patient's most recent status, including medications and treatments, is unknown. Until such time as additional records are provided, this request is not medically necessary.