

Case Number:	CM15-0134432		
Date Assigned:	07/22/2015	Date of Injury:	04/28/2015
Decision Date:	08/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 35 year old female, who sustained an industrial injury on April 28, 2015, incurring left wrist injuries from repetitive work duties. She was diagnosed with a left wrist sprain and left radial styloid tenosynovitis. Treatment included physical therapy, cold packs, heating pad, and wrist splint, pain management and work restrictions. Currently, the injured worker complained of constant left wrist pain exacerbated by movement and touch. She noted the wrist pain radiates up into her arm. Wrist range of motion was noted to be limited. The injured worker was frustrated over her injuries and lack of progress for recovery and relief of pain. The treatment plan that was requested for authorization included a psychiatric evaluation and testing for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation and testing for depression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, psychiatric evaluation and testing for depression is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured workers working diagnoses are left wrist traction injury; and left DeQuervain's tenosynovitis. The date of injury is April 20, 2015. Request for authorization is June 5, 2015. The injured worker sustained an injury to the left wrist and was seen by a hand and wrist specialist. The progress note dated June 2, 2015 subjectively states the injured worker has left wrist pain. The review of systems specifically states the injured worker denies depression anxiety and nervousness. Objectively, there are no clinical signs of depression or anxiety. There is no clinical indication or rationale for a psychiatric evaluation and testing for depression. Consequently, absent clinical documentation with symptoms and signs of depression and clinical documentation with a clinical indication and rationale for a psychiatric evaluation, psychiatric evaluation and testing for depression is not medically necessary.