MAXIMUS Federal Services

Case Number:	CM15-0137325		
Date Assigned:	07/27/2015	Date of Injury:	09/04/2012
Decision Date:	08/21/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on September 4, 2012. Treatment to date has included left knee arthroscopy, physical therapy, steroid injections, home exercise program and activity modification. Currently, the injured worker complains of bilateral knee pain and bilateral shoulder pain. The injured worker reports his medications allow him to perform activities of daily living such as household duties, shopping for groceries, grooming, food preparation and cooking. On physical examination the injured worker has tenderness to palpation of the bilateral shoulders and bilateral knees. The diagnoses associated with the request include reactive depression. The treatment plan includes psychological consultation to evaluate the injured worker's reactive depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consult with follow up: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391 and 398.

Decision rationale: Regarding the request for psychological consultation and follow-up, California MTUS does not address this issue. ACOEM supports consultation 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. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, there is no indication that the patient has significant psychopathology or serious medical comorbidities to warrant urgent referral to psychiatry. Additionally, there is no documentation indicating how the patient's depressive symptoms have exhibited themselves, how long they have been present, and what kind of treatment has been attempted prior to the request for consultation. In the absence of clarity regarding those issues, the currently requested psychological consultation and follow-up is not medically necessary.