MAXIMUS Federal Services

Case Number:	CM15-0146083		
Date Assigned:	08/06/2015	Date of Injury:	02/24/2011
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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 53 year old female, who sustained an industrial injury on 2-24-2011. She reported a fall down stairs. The injured worker was diagnosed as having progressive osteoarthritis of the left knee. Treatment to date has included diagnostics, physical therapy, left knee surgery in 5-2013, bracing, medications, and modified work. The Qualified Medical Evaluation report (11-14-2014) noted maximal medical improvement and permanent and stationary status. Currently (6-23-2015), the injured worker was scheduled for an initial evaluation of her alleged psychiatric injury and possible treatment needs for 7-16-2015, at the request of her attorney. The treatment plan included a referral to psychologist for evaluation, five psychological tests, record review and report preparation. Per the PR2 report (5-11-2015), the injured worker complained of persistent left knee pain and restless legs at night. Physical examination or symptom review did not note current psychological symptoms or complaints. She was to continue working with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral to psychologist for evaluation, five psychological tests and including records review and report preparation Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

Decision rationale: Citation Summary: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. Decision: Request was made for specialist the problems in psychology for evaluation and for psychological tests the record report preparation, the request was non-certified by utilization review provided the following rationale for its decision: "this patient injured her left knee 4 years ago. She had surgery and was noted to have achieved maximum medical. However, there is no record of any psychological problems. Therefore psychological evaluation testing is not medically necessary and is denied." This IMR will address a request to overturn that decision. All the provided medical records were carefully considered for this review, according to the reevaluation on March 31, 2000 and by the primary treating physician patient was noted to be "somewhat frustrated and very emotional about this and she seems to losing the ability to function. The brace is becoming less and less helpful. She continues to try to work with some limitations. Most of the problems seem to relate to the point out something relevant to children, which involves going out twice daily and going up and down flights of stairs. As results indicate certain symptoms of worse and are bothering more and more." Treatment recommendation is for a new type of brace replace the one that she is currently using. According to a qualified medical exam from November 14, 2014, she is having significant problems sleeping at night due to pain and has reported a decrease in sexual activity as a result of her injury. Although the support for this request was somewhat underwhelming, there was sufficient notation in the doctors treatment report that the patient appears to be demonstrating emotional sequelae in adjusting to her industrial injury. While ideally there would be more information regarding the patient's current psychological status as it relates to her industrial injury there does appear to be enough evidence of delayed recovery as well as possible coping and adjustment issues that would warrant at least an initial psychological evaluation and assessment. Therefore, because medical necessity has been established utilization review decision is overturned.