

Case Number:	CM15-0149248		
Date Assigned:	08/12/2015	Date of Injury:	02/14/2012
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on 2-14-12. The diagnoses have included adjustment disorder and mixed pain anxiety and depressed mood history of bilateral carpal tunnel release, progressive worsening of bilateral carpal tunnel syndrome, right thumb trigger finger and flexor tenosynovitis, and right cubital tunnel syndrome of the medial elbow. Treatment to date has included medications, diagnostics, surgery, psychiatric, psycho-therapy and other modalities. Currently, as per the physician progress note dated 7-8-15, the injured worker has been authorized for the right anterior transposition of the ulnar nerve at the elbow as well as a right revision carpal tunnel release due to the worsening symptomology in the right upper extremity. The current medication included Norco. The diagnostic testing that was performed included electromyography (EMG) nerve conduction velocity studies (NCV) of the bilateral upper extremities. She is proceeding with the surgeries and a steroid injection. The injured worker was explained risks and benefits and possible permanent nerve injury and wishes to proceed with surgery. The physical exam was deferred. The physician noted that the injured worker wishes to proceed with the continued care of the psychological issues with regard to her claim and injury. There are previous psychiatric sessions noted in the records. The physician requested treatment included Follow up visit with psychologist-psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with psychologist/psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured in 2012 with adjustment disorder and mixed pain anxiety and depressed mood history of bilateral carpal tunnel release, progressive worsening of bilateral carpal tunnel syndrome, right thumb trigger finger and flexor tenosynovitis, and right cubital tunnel syndrome of the medial elbow. Treatment to date has included medications, psychiatric, psychotherapy and other modalities. As of July, the injured worker was authorized for the right anterior transposition of the ulnar nerve at the elbow as well as a right revision carpal tunnel release due to the worsening symptomology in the right upper extremity. The physician noted that the injured worker wishes to proceed with the continued care of the psychological issues with regard to her claim and injury. There are previous psychiatric sessions noted in the records. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. The functional improvement outcomes out of past psychiatric/psychologist sessions are not noted. This request for the additional care is not demonstrated to be efficacious. Without demonstration of objective, functional improvement, the request is not medically necessary.