

Case Number:	CM15-0160863		
Date Assigned:	08/27/2015	Date of Injury:	11/30/2009
Decision Date:	10/06/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 47-year-old male, who sustained an industrial injury on 11-30-2009. He reported pain and a popping sound in his hand while taking a box down. The injured worker was diagnosed as having major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior. Treatment to date has included diagnostics, physical therapy, right hand surgery in 2010, 2011, right wrist surgery on 6-16-2015, behavioral pain management therapy, home exercise program, and medications. Currently (per the most recent psychiatric follow-up visit on 6-12-2015), the injured worker reported doing fairly well with his depression and reported mild depression. He was having crying spells. He had occasional feelings of hopelessness and felt useless at times. His energy was fair, concentration was poor, and he got frustrated and angered easily. He had psychomotor agitation. He was scheduled for carpal tunnel surgery. He recently had some fights with his mother and his spouse. He still reported erectile dysfunction and delayed ejaculation as a side effect of medications. The treatment plan included the continued use of Abilify, Belsomra, and Zoloft. He was to continue psychotropic medication management. The requested treatment included medication management, 6 visits for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management, six visits for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; numerous predetermined quantity of follow-up visits is not medically indicated for this chronic 2009 injury. The Medication management, six visits for six months is not medically necessary and appropriate.