

Case Number:	CM15-0168099		
Date Assigned:	09/08/2015	Date of Injury:	06/25/2013
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/26/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 56 year old female, who sustained an industrial-work injury on 6-25-13. She reported initial complaints of right shoulder pain and concussion symptoms. The injured worker was diagnosed as having pain disorder, anxiety disorder, and depressive disorder. Treatment to date has included medication, diagnostics, surgery (right rotator cuff repair), breathing exercises, physical therapy, and cognitive behavior therapy. MRI results were reported on 11-6-13. Currently, the injured worker complains of anterior shoulder, elbow, forearm, and wrist tightness with intermittent pain. Psychological visit evaluated depression, sadness, low motivation, emotional ability, nervousness, and anxiety. Per the psychological report on 5-27-15, exercise was limited due to recent shoulder surgery. Current plan of care included continued physical therapy and psychiatric medication management. The requested treatments include Psychiatric medication management 6 sessions monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric medication management 6 sessions monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, 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, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker encountered shoulder injury and concussion due to an industrial injury which resulted in her developing pain disorder, anxiety disorder, and depressive disorder. She has undergone cognitive behavior therapy. The request for Psychiatric medication management 6 sessions monthly is excessive and not medically necessary as the injured worker is not on any medications that would require such close monitoring needing six office visits.