

<b>Case Number:</b>	CM15-0181978		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 62 year old female, who sustained an industrial injury on 1-2-03. The injured worker was diagnosed as having bilateral carpal tunnel syndrome; bilateral wrist tenosynovitis; bilateral de Quervain's tenosynovitis. Treatment to date has included status post right elbow arthroscopic surgery (no date); status post bilateral carpal tunnel release (no date); physical therapy; acupuncture; psychotherapy; aquatic therapy; injections; medications. Currently, the PR-2 notes dated 7-22-15 indicated the injured worker complains of continued intermittent moderate right shoulder pain. The injured worker reports her right elbow pain is increasing and she has difficulty bending the elbow. She also reports continued bilateral wrist pain. Objective findings are documented by the provider noting "Examination of the cervical spine exhibits tenderness to palpation about the paracervical and trapezial musculature. There is a positive Cervical Distraction Test. There is muscle spasms noted. There is restricted range of motion due to complaints of pain. Examination of the right shoulder reveals tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis. There is restricted range of motion due to complaints of discomfort and pain. There is rotator cuff weakness noted. Examination of the bilateral wrists-hands reveals tenderness to palpation over the bilateral wrists. Finkelstein's test is positive over the bilateral wrists." The provider notes she has previously undergone a right shoulder arthroscopy with subacromial decompression, right elbow arthroscopy, and bilateral carpal tunnel release (no dates are mentioned for any of these). A PR-2 notes dated 4-29-15 documents under the "Subjective Complaints" that "She has finished her psychiatric sessions which have been very

hard for her." A PR-2 "Ancillary Report" dated 3-31-15 is hand written and is documented by psychotherapist stating "Ongoing treatment is essential to help patient cope with unemployment status, disabling conditions and limitations and progressive deterioration of physical and -or mental health. Patient has been seen 6 times since last authorization. Functional progress has been slight - fair, including acceptance of unemployment status, and dealing with intractable pain and poor ambulation. Further authorization should be made to ward off symptoms and prevent future possibility of hospitalization. Please authorize is essential at once." A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-4-15 and non-certification was for the Psychiatric Evaluation. Utilization Review denied the requested evaluation per the CA MTUS Guidelines. The Utilization Review letter states "There has been a prior denial of additional psychiatric treatments on 7-9-15 and the provided documentation does not support why additional visits should be granted outside of this denial." The provider is requesting authorization of Psychiatric Evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychiatric Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Follow-up.

**Decision rationale:** Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than six to eight weeks. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. This injured worker has received psychotherapy treatment. The primary care physician can treat the symptoms first prior to referral to a psychiatrist. The records do not substantiate psychiatric complexity at a level to substantiate the medical necessity for referral to psychiatric consult, therefore is not medically necessary.