

Case Number:	CM15-0202036		
Date Assigned:	10/16/2015	Date of Injury:	02/08/2008
Decision Date:	11/25/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 10-12-15. The medical records indicate that the injured worker has been treated for lumbar spondylosis; bilateral knee osteoarthopathy; patellar tendinitis, left knee refractory. She currently (9-10-15) complains of left knee pain (7 out of 10); right knee pain (5 out of 10); low back pain (6 out of 10); right shoulder pain (8 out of 10). On physical exam of the lumbar spine there was tenderness with paraspinal spasms, decreased range of motion; diminished sensation left S1 dermatomal distribution; left knee revealed decreased range of motion with painful patellofemoral crepitation and tenderness and swelling of the patellar tendon; right knee revealed decreased range of motion and painful patellofemoral crepitation; spasm lumboparaspinal musculature. She has been treated with medication: hydrocodone; home exercise; physical therapy; activity modification; injection; transcutaneous electrical nerve stimulator unit. In the progress note dated 9-10-15 the treating providers of care included a request for continued follow-up with psychiatrist. The request for authorization dated 10-5-15 was for consult with follow up with psychiatrist #1. On 10-12-15 Utilization Review non-certified the request for consult with follow up with psychiatrist #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with follow up with psychiatrist qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Pursuant to the ACOEM, consultation with follow-up with psychiatrist #1 is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and 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 for certain antibiotics require close monitoring. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are lumbar spondylosis; bilateral knee osteoarthropathy; and patellar tendinitis left knee refractory. Date of injury is February 8, 2008. Request for authorization is dated September 10, 2015. According to a September 10, 2015 progress note, the injured worker has ongoing complaints of left and right knee, low back, and right shoulder pain. There are no symptoms of depression or anxiety. The treating provider references and agreed medical examination (AME) with AME recommendations for psychologists and psychiatric follow-up. There is no AME in the medical record. There are no recommendations for psychological or psychiatric follow-up. There is no clinical indication or rationale for psychiatric consultation or follow-up. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation of an AME with a clinical indication or rationale for psychologic or psychiatric follow-up, consultation with follow-up with psychiatrist #1 is not medically necessary.