

<b>Case Number:</b>	CM15-0020188		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Psychologist

### 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 49 year old male, who sustained an industrial injury on 04/29/2013. He has reported right wrist and left knee pain. The diagnoses have included right wrist sprain/strain; osteoarthritis of the lunate and distal ulnar joint; internal derangement of the left knee and tear of the lateral horn of the medial meniscus, status post left knee arthroscopic surgery; and musculoligamentous strain of the lumbar spine. Treatment to date has included medications, home exercise, physical therapy, and surgical intervention. A progress note from the treating physician, dated 01/07/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in the right wrist; pain in the left knee; left shoulder has improved with therapy being done at home; and overall pain is rated at 5/10 on the visual analog scale. Objective findings have included tenderness to palpation over the suprascapular muscles and greater tuberosity of the left shoulder; tenderness to palpation over the medial and lateral joint line of the left knee; and significant tenderness to palpation over the lunate and distal radius of the right wrist. The treatment plan has included physical therapy, Motrin, and psychological evaluation for depression and anxiety. Request is being made for consultation with a psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a psychologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

**Decision rationale:** According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. From a psychological perspective, patient has been diagnosed with Dysthymic Disorder. A request was made for authorization for a psychological evaluation by the patient's primary treating physician for "the patient's depression and anxiety which was requested previously." All the medical records that were provided for consideration were carefully reviewed, no clear statement of the utilization review rationale for non-certification was readily found in the medical records. The UR paperwork discussing the request for one psychological consultation was found but it switched abruptly into a discussion of physical therapy and never addressed the psychological request. Based on the provided medical records, the patient appears to be exhibiting delayed recovery as evidenced by 27 visits to physical therapy and 16 visits to acupuncture and prior surgical intervention. The psychological information regarding the request is minimal with only a brief sentence regarding depression and anxiety in addition to the diagnosis of dysthymia. The MTUS guidelines do state that a psychological evaluation is a generally well accepted and well-established assessment tool for properly identified patients. With regards to this patient, psychological evaluation might be appropriate, however there is only marginal documentation to substantiate the request. A statement of depression and anxiety does not discuss any of his symptoms other than to label them. However, because there is some indication of need and the absence of a clear rationale why it should not be provided, results in the decision to allow for the request based on the MTUS guidelines. Therefore the utilization review determination is overturned and the request is found to be medically appropriate and reasonable.