

Case Number:	CM15-0219954		
Date Assigned:	11/13/2015	Date of Injury:	04/30/2014
Decision Date:	12/22/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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 28 year old male, who sustained an industrial injury on 4-30-2014. Diagnoses include closed clavicle fracture, status post open reduction internal fixation (ORIF) and subsequent hardware removal and reparative surgery with a complication involving a second spontaneous fracture at a new site of left clavicle, depression, numbness of arm, paralysis, arm pain, and brachial plexopathy. Treatments to date include activity modification, left arm brace, home exercise, methadone, gabapentin, and amitriptyline. On 8-20-15, he complained of "near violent anger and negative feelings", anxiety and depression, and contractures and pain of the left upper extremity. The physical examination documented is in a drug rehabilitation program. The left clavicle was with obvious deformity; displace fracture, with swelling and tenderness. The left hand was noted to be atrophying, blue, with contractures despite home exercise daily. The skin was swollen and shiny with positive hypoesthesia. The reflexes of left side were absent and redness and stiffness of the left hand was noted. He was not able to move the wrist and fingers. There was swelling of the supraclavicle with tenderness. The plan of care included psychological evaluation and treatment, pain management; detox needs to be considered again, and rehabilitation consultation and treatment. The appeal requested authorization for [REDACTED] twelve (12) occupational therapy sessions, and ten (10) psychiatric sessions. The Utilization Review dated 11-3-15, denied the psychiatric session, and modified the [REDACTED] to allow for an evaluation and modified the occupation therapy to allow for six (6) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2014. The worker has been treated with multiple modalities of pain management and medications with little subjective or objective improvement in symptoms yet stable functional status. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and radiographic findings do not support this complexity. The medical necessity of a ██████████ consult is not substantiated in the records. Therefore, the requested treatment is not medically necessary.

12 occupational therapy sessions for the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional therapy visits in this individual with chronic pain. Therefore, the requested treatment is not medically necessary.

10 sessions with psychiatrist: Upheld

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

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, be 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 complained of anxiety and depression. The primary care physician can treat the symptoms first prior to referral to a psychologist or psychiatrist. The records do not substantiate the medical necessity for referral for 10 sessions with a psychiatrist. Therefore, the requested treatment is not medically necessary.

This injured worker complained of anxiety and depression. The primary care physician can treat the symptoms first prior to referral to a psychologist or psychiatrist. The records do not substantiate the medical necessity for referral for 10 sessions with a psychiatrist. Therefore, the requested treatment is not medically necessary.