

Case Number:	CM15-0039194		
Date Assigned:	03/09/2015	Date of Injury:	11/24/2008
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial injury on 11/24/2008. She reports a left knee injury. The mechanism of injury was not provided for review. Diagnoses include cervical strain, lumbar strain, hip strain, knee replacement, depression and anxiety. Documentation shows the injured worker was previously treated for prescription abuse and rehabilitation and now medication is limited due to gastric bypass. Treatments to date include physical therapy and medication management. Progress notes from the treating provider dated 1/21/2015 and 12/16/2014 indicates the injured worker reports depression and was tearful and presented for a recheck on the injuries to the neck, back and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist evaluation and treatment, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational practice medicine guidelines Page(s): 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, a Psychiatry evaluation has been requested. Treatment of this patient's underlying psychiatric diagnoses may help to facilitate a return to work. This request is considered medically reasonable and necessary.