

Case Number:	CM15-0048072		
Date Assigned:	03/20/2015	Date of Injury:	05/14/2009
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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(n) 70 year old male, who sustained an industrial injury on 5/14/09. He reported pain in the neck, left shoulders, lower back and knee related to cumulative trauma. The injured worker was diagnosed as having cervical and lumbar strain, bilateral knee derangement and degenerative bilateral knee arthritis. Treatment to date has included chiropractic treatments, right knee arthroscopy and pain medications. As of the PR2 dated 1/28/15, the injured worker reports bilateral knee pain and locking with weight bearing activity. The treating physician noted the injured worker was having difficulty sleeping. The treating physician requested a onetime psychological re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time psychological re-evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65,Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker was evaluated by [REDACTED] in September 2010 due to psychiatric symptoms experienced secondary to the injured worker's work-related orthopedic injuries. In that report, [REDACTED] recommended follow-up medication management services with [REDACTED] however, psychotherapy was not recommended as the injured worker did not appear interested in receiving psychotherapy. It is not known whether the injured worker received any follow-up psychiatric care as recommended in [REDACTED] report as there are no follow-up reports within the medical records submitted. The request under review, for a psychological re-evaluation, was submitted by [REDACTED] in February 2015. It is unclear at this time as to the purpose of a psychological re-evaluation as there is no information provided on the RFA indicating why a re-evaluation is being requested. Without any information substantiating the need for the evaluation, the request for a psychological re-evaluation is not medically necessary.