

Case Number:	CM15-0051994		
Date Assigned:	03/25/2015	Date of Injury:	04/24/2013
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26 year old male, who sustained an industrial injury on 4/24/2013. He reported crush injury to the left arm. The injured worker was diagnosed as having reflex sympathetic dystrophy. Treatment to date has included 5 surgical interventions and conservative treatment, including physical therapy and medications. Currently, the injured worker complains of worsening left upper extremity pain, mostly due to increased movement (doing a lot of coding for electrical engineering degree). Documented symptoms included anxiety. He was cooperative, with an appropriate mood and affect. Medications included Percocet and Neurontin. A previous progress report, dated 12/19/2014, noted that he needs to be seen by a psychiatrist for "the posttraumatic stress syndrome". No symptoms were described. The progress report, dated 12/04/2014, noted anxiety, difficulty coping, and with getting anxiolytic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, page 162.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation page 127.

Decision rationale: ACOEM recommends consultation if the requested specialist can assist in managing a patient's treatment. A prior physician review states that the rationale for the requested psychiatry consultation is unknown. However a treating physician progress note of 12/4/14 states that the patient was feeling anxious and had difficulty coping without anxiolytic medications. A psychiatry consultation to assess what anxiolytic medications or treatment may or may not be indicated is supported by the treatment guidelines. This request is medically necessary.