MAXIMUS Federal Services

Case Number:	CM15-0053039		
Date Assigned:	03/26/2015	Date of Injury:	11/09/2013
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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 59 year old female, who sustained an industrial injury on November 9, 2013. The mechanism of injury is unknown. The injured worker was diagnosed as recent left shoulder arthroscopy, rotator cuff repair 2014, left wrist sprain/strain rule out carpal tunnel syndrome/neuropathy and right knee sprain/strain rule out internal derangement. Treatment to date has included surgery, physical therapy, medications and TENS unit. On January 20, 2015, the injured worker complained of pain in the left shoulder, pain down the left upper extremity and neck with spasm and guarding. Medication was reported to help with the pain. On January 21, 2015, the injured worker reported that physical therapy was helping and she was making progress although she still felt very depressed and anxious. The treatment plan included physical therapy, follow-up with orthopedic for possible injections and a consultation with a psychologist for stress, anxiety and depression due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

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. All of the provided medical records were carefully considered for this review, the patient is noted to have delayed physical recovery as well as psychological sequelae noted as significant depression and anxiety. A request was made for a psychological consultation, that request was non-certified by utilization review. No specific rationale was provided by utilization review for the non-certification decision other than citation of guidelines. A review of the medical records reflected that the patient does not appear to received any psychological treatment for industrial related to psychological sequelae resulting from chronic pain due to an industrial related injury. Patient reports making some progress in her physical therapy but still remains depressed. This request appears to be appropriate and medically necessary at this juncture for this patient. Therefore, because medical necessity of the request has been established the utilization review determination for non-certification is overturned.