MAXIMUS Federal Services

Case Number:	CM15-0084632		
Date Assigned:	05/11/2015	Date of Injury:	04/06/2015
Decision Date:	06/12/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/04/2015

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 44 year old female, who sustained an industrial injury on 4/6/15. She reported initial complaints of pain in left shoulder/arm. The injured worker was diagnosed as having left shoulder contusion; superficial scratch/abrasion upper chest wall; anxiety disorder NOS. Treatment to date has included physical therapy to start as of 4/6/15 notes with 2x week for 2 weeks. Diagnostics included X-ray of the left shoulder-negative (4/6/15). Currently, the PR-2 notes dated 4/6/15 indicated the injured worker complains pain and tenderness in left shoulder and left arm. Objective findings reveal pain and tenderness to left shoulder and left arm. There is a contusion and noted flexion and extension of the tendons with full range of motion. Muscle strength is equal at 4/5. There is region tenderness to the anterior aspect of the shoulder with no obvious swelling or deformity. There is normal range of motion with no neurovascular deficits. On this date the provider prescribed Cephalexin, Ibuprofen and Balm Banal. The x-ray of the left shoulder indicates there is no fracture or subluxation. The follow-up request is for an evaluation and treatment with Psychologist/ Psychiatrist and was denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with Psychologist/Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations; Behavioral Interventions Page(s): 100-101; 23.

Decision rationale: Based on the review of the minimal medical records submitted, the injured worker sustained a work-related assault and injury in April 2015. According to the UR determination letter, [redacted] recommended psychological/psychiatric care, for which the request under review is based. Unfortunately, none of [redacted] records was included for review. There was only one medical record, from [redacted], that did not offer any information regarding psychiatric symptoms or indicate a need for any psychological follow-up. Without any information to substantiate the request, the request for evaluation and treatment with psychologist /psychiatrist is not medically necessary. It is noted that the injured worker received a modified authorization for a psychological evaluation only in response to this request.