

Case Number:	CM15-0088109		
Date Assigned:	05/12/2015	Date of Injury:	05/21/2009
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: North Carolina
 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 64 year old female, who sustained an industrial injury on 05/21/2009. She reported falling between packages sustaining injuries to the bilateral knees and palm of the right hand. The documentation also notes an injury to the low back secondary to physical therapy/work hardening. The injured worker was diagnosed as having right knee pain, acute lateral meniscus tear of the right knee, lumbar degenerative disc disease, depression, adjustment disorder with mixed anxiety and depressed mood, and pain disorder associated with both psychological factors and a general medical condition. Treatment and diagnostic studies to date has included psychotherapy, physical therapy/work hardening, medication regimen, chiropractic therapy, cortisone to the right knee, magnetic resonance imaging of the right knee, and status post right knee arthroscopy. In a progress note dated 03/23/2015 the treating psychologist reports on 03/18/2015 ongoing symptoms of anxiety with racing and scattered thought processes with the suggestion of powerlessness. The treating psychologist also noted that the injured worker has not had functional improvement secondary to non-industrial family issues. The treating psychologist requested psychiatric medication evaluation with follow up as clinically indicated, but the documentation provided did not indicate the specific reason for the requested evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 psychiatric evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient is currently seeing a psychologist and the medical documentation provided for review does not establish a need for psychiatric care in addition. Therefore, the request is not medically necessary.