

Case Number:	CM15-0089240		
Date Assigned:	05/13/2015	Date of Injury:	02/26/2013
Decision Date:	06/18/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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 52 year old female who sustained a work related injury February 26, 2013. Past history included left shoulder impingement, suspect rotator cuff tear, ulnar nerve compression left elbow with carpal tunnel syndrome symptoms, depression, and TMJ (temporomandibular joint dysfunction). She was attacked by a student, tried to stop the person with her hand, and fell backwards onto her desk, injuring her left upper arm and shoulder. She had pain throughout the left arm. According to a primary treating physician's progress report, dated March 16, 2015, the injured worker reports she is emotionally drained and having difficulty attending group meetings because of a work conflict. She is symptomatic with the left upper extremity. Objective findings included; Phalen and Tinel are positive, elbow flexion positive, provocative testing positive for carpal tunnel syndrome and ulnar nerve. Diagnoses are documented as carpal tunnel syndrome and ulnar nerve compression. Treatment plan included refill for Elavil and sertraline. At issue, is a request for authorization for a follow-up visit with psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit with psychologist, per 04/17/2015 order quantity 8.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Office visits.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] and/or his colleagues including both group psychotherapy and hypnotherapy/relaxation sessions. The injured worker was provided authorization for an additional 8 sessions of each modality in April 2015. The request under review is for one office visit for which reassessment of symptoms and progress is to be completed following the injured worker's completion of the additional sessions. The ODG recommends office visits. The request for a follow-up office visit with the psychologist appears reasonable and appropriate considering its purpose. As a result, the request for a follow-up visit with psychologist is medically necessary.