

Case Number:	CM15-0089338		
Date Assigned:	05/13/2015	Date of Injury:	04/02/2012
Decision Date:	06/22/2015	UR Denial Date:	04/17/2015
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: 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 68-year-old female, who sustained an industrial injury on 4/02/2012. The medical records submitted for this review did not include the details regarding the initial injury or prior treatment to date. Diagnoses include lumbar sprain/strain and hip/thigh strain. Currently, she complained of pain in the left shoulder and left knee. She reported an exacerbation flare up with difficulties in focus and concentration. On 2/26/15, the physical examination documented moderate swelling of the knees and ankles. There was bilateral knee crepitus and joint line tenderness. Trigger points were noted to the upper back region. There was decreased range of motion and decreased strength noted. The plan of care included interdisciplinary evaluation for a functional restoration program and a psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program psych evaluation for candidacy to enroll: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127, Evaluation.

Decision rationale: The patient was injured on 04/02/12 and presents with bilateral knee pain. The request is for FUNCTIONAL RESTORATION PROGRAM PSYCH EVALUATION FOR CANDIDACY TO ENROLL. The utilization review denial rationale is that "there is no documentation of the nature and extent of any mental health evaluation and/or mental health services provided." There is no RFA provided and the patient is on temporary total disability. ACOEM Practice Guidelines Second Edition 2004, page 127, has the following, "The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for psychological evaluations, states that these are recommended for chronic pain problems. The patient is diagnosed with knee strain, internal derangement of the knee, and laxity of ligament. There is moderate effusion of both knees, crepitus over the bilateral shoulders and both knees, a decreased shoulder range of motion, a decreased knee range of motion, and tenderness to palpation in the medial and lateral joint line, lateral epicondyle, and biceps tendon. In addition, the patient has a depressed mood; issues with stress, anger/irritability, and unexplained weight gain, and disturbed sleeping habits. In this case, the reason for the request is not provided. Given that the patient presents with chronic knee/shoulder pain as well as depression/stress, a FRP psych evaluation appears reasonable. The request IS medically necessary.