

Case Number:	CM15-0238677		
Date Assigned:	12/15/2015	Date of Injury:	02/13/2014
Decision Date:	01/21/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/07/2015

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: 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 61 year old female who sustained an industrial injury February 13, 2014. Past history included a right carpal tunnel release with flexor tenosynovectomy, ganglion cyst excision, and right wrist March, 2015. Diagnoses are adjustment disorder with mixed anxious and depressed moods with panic attacks; right and left carpal tunnel syndrome. According to a psychologist first report of occupational injury dated June 9, 2015, the injured worker presented with psychological complaints of crying daily, overwhelmed by loss of identity, diminished concentration, sleep and appetite, and anxious with panic attacks (tense, difficulty breathing, palpitations, sweating). She had injured the bilateral wrists from repetitive duties and her employer was not accommodating restrictions. Treatment plan include consultation with psychiatrist for psychotropic medication and 10 sessions of psychotherapy. According to a treating physician's progress notes dated November 11, 2015, the injured worker presented for follow-up. She has yet had a psyche evaluation but did have a pain management evaluation October 30, 2015. She complains of pain, numbness and tingling in both hands and wrists. She did undergo occupational therapy post-operative up to at least May 22, 2015. Objective findings included; superficial burn at the volar-ulnar aspect of the distal right forearm with no signs of infection; mild swelling and tenderness at the volar distal forearm bilaterally; Tinel's positive median nerve at both wrists; full range of motion at all digits both hands and wrists; grip-right 10 left 15. At issue, is the request for authorization for psychological consultation and treatment for the bilateral wrists. According to utilization review dated November 30, 2015, the requests for Psychological consultation and treatment for the bilateral wrists were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation and treatment for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain that resulted from her work-related injury in February 2014. In his 11/11/15 report, treating physician, [REDACTED], stated, "This patient has not yet had a psyche eval." He then recommended a psychological evaluation with treatment, which the request under review is based. Despite [REDACTED]'s statement, the injured worker did complete a psychological evaluation with [REDACTED] on 6/9/15. In the subsequent psychological evaluation report dated 6/29/15, [REDACTED] recommended 10 follow-up psychotherapy sessions and psychotropic medication management sessions. In a UR determination letter dated 7/14/15, 4 psychotherapy sessions as well as a psychopharmacological evaluation were authorized. As a result, the request for a psychological consultation and treatment is not medically necessary.