

<b>Case Number:</b>	CM14-0162047		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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. The expert reviewer is Licensed in Psychology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 64 year-old female [REDACTED] with a date of injury of [REDACTED]. The claimant sustained injury while working as a caregiver for [REDACTED]. The mechanism of injury was not found within the medical records submitted for review. In the PR-2 report dated 7/29/14, [REDACTED] diagnosed the claimant with: (1) Status post-concussion with loss of consciousness; (2) Cervical myospasm, disc desiccation, annular tears, disc protrusions, neural foraminal stenosis, grade I retrolisthesis C4 over C5 per MRI; (3) Thoracic sprain/strain, myospasm; (4) Lumbar disc desiccation, disc protrusions, neural foraminal stenosis, anterolisthesis L4 over L5 per MRI; (5) Right shoulder infraspinatus tear, glenohumeral joint effusion, subacromial-subdeltoid bursitis, AC joint arthropathy, subchondral cysts in humerus per MRI; (6) Right elbow tendinosis of common extensor tendon, joint effusion per MRI; (7) Right wrist negative ulnar variance, joint effusion per MRI; (8) Bilateral moderate carpal tunnel syndrome per NCV; (9) Status post-surgery right wrist carpal tunnel release on 8/15/14 by [REDACTED]; (10) Right knee partial ACL tear, complete medial meniscus tear, grade II intrasubstance degeneration, degenerative arthritis, chondromalacia, meniscocapsular separation joint effusion, Wiberg type II patella per MRI; (11) Status post right ankle contusion; (12) Right ankle Achilles tendinopathy, intramuscular cyst in flexor hallucis longus tendon, calcaneal spur, joint effusion per MRI; (13) Internal complaints; (14) Loss of sleep; and (15) Psych component. Additionally, in his PR-2 report dated 9/2/14, [REDACTED] diagnosed the claimant with: (1) Bilateral De Quervain's tenosynovitis; (2) Right carpal tunnel syndrome (+EMG) S/P CT release; (3) Right lateral epicondylitis; (4) Right wrist strain; and (5) Left carpal tunnel syndrome (+EMG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One referral to psychiatrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The ACOEM guideline regarding referrals will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain from her various orthopedic injuries. However, there is no mention of any psychiatric symptoms that are being experienced by the claimant. As part of [REDACTED] diagnosis, there is mention of "Psyche component" however, there is no other information to substantiate this statement. Without any information regarding psychiatric symptoms, the request for "One referral to psychiatrist" is not medically necessary.