

Case Number:	CM14-0215386		
Date Assigned:	01/05/2015	Date of Injury:	05/09/2011
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas
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 30-year-old female who reported an injury on 05/09/2011. The mechanism of injury involved a fall. The current diagnoses include right knee instability, status post right knee ACL reconstruction in 2013, and depression. The injured worker presented on 11/25/2014 for a followup evaluation with complaints of right knee pain and instability. The physical examination was not provided on that date. Recommendations included a referral to an orthopedic surgeon for a second opinion and a referral to a psychiatrist for symptoms of depression. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2004, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. While it is noted that the injured worker reported symptoms of depression, there was no psychological examination provided. It is noted that the injured worker is currently treated by a pain management specialist capable of initiating medication to treat depression. The medical necessity for a psychiatrist referral has not been established in this case. Therefore, the request is not medically appropriate.