

Case Number:	CM14-0032503		
Date Assigned:	06/20/2014	Date of Injury:	12/21/2001
Decision Date:	02/04/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/14/2014

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 Psychologist (PHD, PSYD) 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 injured worker is a 47 year-old male (██████████) with a date of injury of 12/21/2011. The injured worker sustained injury to his right shoulder when he slipped and fell down two stairs, landing on his right shoulder and dislocating it. The injured worker sustained this injury while working as a cook for ██████████. In his 6/25/14 "Primary Treating Physician's Follow-up Report", treating physician, Dr. ██████████ diagnosed the injured worker with: (1) Right shoulder dislocation with rotator cuff tear, residuals, status post right shoulder surgery; (2) Cervical radiculopathy, cervical degenerative disc disease; (3) May have brachial plexus stretch injury as well; and (4) Right lateral epicondylitis, right de Quervain tenosynovitis. It is also reported that the injured worker has developed psychiatric symptoms secondary to his work-related orthopedic injury. In a "Panel Qualified Medical Re-Evaluation in the Specialty of Psychiatry with Psychiatric Testing" dated 8/25/14, Dr. ██████████ diagnosed the injured worker with Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic. He recommended that the injured worker complete " six months of psychotherapy as well as a psychiatric referral for placement onto an appropriate psychotropic medication regimen." It appears that the injured worker has never been authorized to obtain these services. The request under review is for a psychiatric evaluation as recommended in Dr. ██████████ report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injured worker experiences symptoms of depression and anxiety secondary to his work-related orthopedic injury and pain. He completed a psychiatric QME re-evaluation in August 2014. In that report, Dr. [REDACTED] recommended psychotherapy services as well as a psychiatric evaluation for psychotropic medication in order to manage the injured worker's psychiatric symptoms. It appears that the injured worker has never received any psychological/psychiatric services despite Dr. [REDACTED] recommendations. Given the injured worker's symptoms and Dr. [REDACTED] qualified recommendations, the request for a "Psychiatric Evaluation" not only appears appropriate, but is medically necessary.