

Case Number:	CM15-0017887		
Date Assigned:	02/05/2015	Date of Injury:	02/26/2013
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 49 year old female, who sustained an industrial injury on 02/26/2013. She has reported right knee pain and left knee discomfort. The diagnoses have included internal derangement/degenerative joint disease of the right knee with probable medial meniscal tear; and status post right knee operative arthroscopy. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Norco, Naprosyn, and Prilosec. Surgical intervention has included right knee arthroscopy, performed on 08/25/2014. Currently, the IW complains of discomfort in the left knee. A progress note from the treating physician, dated 12/18/2014, reported objective findings to include a well-healed incision at the right knee; mild tenderness to palpation over the medial and lateral compartment of the right knee; left knee has no tenderness to palpation; and she has an antalgic gait and limping with every step. The treatment plan included exercises and range of motion strengthening; prescriptions for medications; and request for psychiatric evaluation. On 01/09/2015 Utilization Review non-certified a prescription for Consultation with Psychiatrist. The CA MTUS ACOEM was cited. On 01/22/2015, the injured worker submitted an application for IMR for review of Consultation with Psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004 Page 127

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

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Also it states: "Issues regarding work stress and person job fit may be handles effectively with talk therapy through a psychologist or a mental health professional. Patients with more serious mental health conditions made need referral to psychiatry for medicine therapy." Upon review of the submitted documentation, no rationale for the need for Psychiatric consultation has been described. It has not specified what psychiatric services were requested or why they were deemed necessary for the injured worker. There is no mention of any psychological symptoms that are secondary to industrial injury. There is no AME evaluation that would suggest that there are any psychological consequences to the chronic pain. Therefore, the injured worker does not meet criteria for referral to Psychiatry.