

Case Number:	CM15-0018508		
Date Assigned:	02/06/2015	Date of Injury:	04/28/1999
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/31/2015

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 67 year old female, who sustained an industrial injury on 4/28/1999. She has reported injury to right and left hand, knee, lumbar disc and multiple body parts. The diagnoses have included status post right knee arthroscopy, left knee arthroscopy, degenerative disc disease, lumbar spine, and status post right carpal tunnel syndrome with residual symptoms. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, muscle relaxant, and physical therapy. Currently, the IW complains of pain in both hands and both knees. On 12/24/14, physical examination documented tenderness in lumbosacral spine, decreased lumbar Range of Motion (ROM), and pain to palpation over bilateral knees with crepitus. The plan of care included scheduled electromyogram testing, psychiatric care consult, Magnetic Resonance Imaging (MRI) of bilateral knees, and continuation of medication. On 12/31/2014 Utilization Review modified certification for one (1) psychiatric consultation for diagnoses bilateral knee pain/Chondromalacia patellae, bilateral hand pain, and lower back pain/Degeneration of lumbar intervertebral disc. The MTUS and ACOEM Guidelines were cited. On 1/31/2015, the injured worker submitted an application for IMR for review of psychiatric care and consultation for submitted diagnosis bilateral knee pain/Chondromalacia patellae, bilateral hand pain, and lower back pain/Degeneration of lumbar intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Care and Consult For Submitted Diagnoses Bilateral Knee Pain/Chondromalacia Patellae, Bilateral Hand Pain, Lower Back Pain/Degeneration Of Lumbar Intervertebral Disc,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations p. 127

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

Decision rationale: ACOEM guidelines page 398 states:"Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Upon review of the submitted documentation, there is no mention of any psychological symptoms being experienced by the injured worker that would indicate the need for a specialist referral. The injured worker suffers from chronic pain secondary to industrial trauma, however there is no evidence of any significant psychopathology which has failed treatment by treating provider that a specialist referral is needed. Also, there is no AME evaluation that would correlate any psychological symptoms to the industrial trauma. Thus, the request for Psychiatric Care and Consult For Submitted Diagnoses Bilateral Knee Pain/Chondromalacia Patellae, Bilateral Hand Pain, Lower Back Pain/Degeneration Of Lumbar Intervertebral Disc is not medically necessary.