

Case Number:	CM15-0114098		
Date Assigned:	06/22/2015	Date of Injury:	11/20/2013
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/12/2015

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

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 was a 47 year old male, who sustained an industrial injury, November 20, 2013. The injured worker previously received the following treatments physical therapy, therapeutic exercise program, cardiology consultation and left shoulder MRI. The injured worker was diagnosed with status post electrical shock with loss of consciousness, 2nd degree burns to both hands, impingement of the left shoulder with partial tear of the supraspinatus tendon per MRI, medial and lateral epicondylitis of the left elbow, TFCC tear in the left wrist, complaints of heart palpitations, post-industrial injury and psychological factors. According to progress note of April 23, 2015, the injured worker's chief complaint was left shoulder pain. The injured worker described the pain as constant and stabbing that radiates to the elbow. The [pain was rated at 6 out of 10. The left forearm pain was described as shocking and sharp, radiating to the left elbow to the wrist. The pain was rated at 5 out of 10. The bilateral wrist pain was constant dull type pain in both wrists at radiated into the fingers of both hands. The pain was rated at 6 out of 10. The injured worker had some psychological complaints also of anxiety and loss of sleep secondary to being electrocuted. The physical exam noted decreased range of motion. Active and passive range of motion elicits crepitus. There was tenderness upon palpation of the anterolateral shoulder joint with trigger points elicited upon subscapular palpation on the left. The Yergason's, Hawkin's, Neer's, Codman's test were all positive. The MRI of the left shoulder showed moderate to high grade partial thickness tear of the articular surface of the left shoulder, extending to the edge of the supraspinatus tendon. The left elbow was positive for Cozen's, Mill's and Tinnel's. There was tenderness upon palpation of the medial and lateral elbow with slight swelling on the left when compared to the right. The treatment plan included one

psychological consultation secondary to a work related injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychological consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, and Pages 100 101.

Decision rationale: Citation Summary: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. Decision: According to a primary treating physician progress note parentheses PR-2) from June 4, 2015 Under the heading of diagnosis the patient is reported to have "psychological factors, secondary to work-related injury." It is noted in the treatment plan "requested authorization for MPN psychological consultation was provided by the carrier-thank you. Injured worker is scheduled to consult with [REDACTED] next week." According to a primary treating physician progress note 4/23/2015 (PR-2) under the category of subjective complaints psychological: it is noted that injured worker complains of "anxiety and loss of sleep secondary to being electrocuted." According to utilization review report from May 20, 2015 a request prospectively for one psychological consultation between 4/23/15 and 7/14/2015 was non-certified. Utilization review provided the following rationale for its decision: "it does not appear that this request is appropriate at this time. Submitted documents has not included any report of a psychological condition affecting the patient's quality of life for recovery. Based on the lack of evidence in the patient's clinical history and the current guideline recommendations, prospective request for one psychological consultation is non-certified." This IMR will address a request to overturn the utilization review decision. The provided medical records do, in contrast to the utilization review, provide some details regarding the patient psychological condition. It is noted that he is having considerable heart palpitations which are currently being investigated from a medical perspective. It is also noted that the patient is having anxiety as a result of being

electrocuted per his primary treating physician. It appears that the patient has not received any psychological attention. Although the documentation is by no means overwhelming, there is enough to suggest that a psychological consultation would be appropriate at this juncture. Therefore the utilization review determination of non-certification is overturned based on establishment of medical necessity for this request.