

Case Number:	CM15-0116375		
Date Assigned:	06/24/2015	Date of Injury:	09/14/2009
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/16/2015

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 is a 60 year old female, who sustained an industrial injury on September 14, 2009, incurring left knee injuries. She was diagnosed with right knee osteoarthritis. She underwent a total knee replacement. Treatments included work restrictions, pain medications, anti-inflammatory drugs, analgesic pain patches, and aqua therapy. Currently, the injured worker complained of persistent chronic left knee pain, right knee pain and lower back pain. On examination, there were spasms and tenderness noted of the lumbar spine with decreased range of motion. She complained of pain and discomfort on flexion and extension of the left knee. She was diagnosed with a knee sprain and lumbosacral radiculopathy. The treatment plan that was requested for authorization included Psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychological consult for submitted diagnosis of depression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Broadspire Physician Advisory Criteria-Mental Health: Outpatient general psychological evaluation with testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in 2009. The request under review is for a psychological evaluation. In his 4/30/15 progress report, [REDACTED] indicated that the "patient is requesting a psychologist." However, there is no rationale offered as to why a psychological evaluation is necessary. There is no documentation indicating that the injured worker is experiencing any psychiatric symptoms nor is there any discussion as to how psychological factors may be impeding recovery. Further, none of this information was offered in [REDACTED] appeal letter from May 2015. Without sufficient information to substantiate the request for an evaluation, the request for a psychological consultation is not medically necessary.