

Case Number:	CM15-0120389		
Date Assigned:	06/30/2015	Date of Injury:	03/22/1999
Decision Date:	08/06/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 66 year-old male who sustained an industrial injury on 03/22/99. After a fall he was diagnosed with medial meniscal tear, posterior cruciate ligament avulsion, anterior cruciate ligament attenuated with question of chronic tear, patellar chondromalacia, early osteoarthritis. Treatments have included right knee arthroscopy with partial meniscectomy, PT, and pain medication management. He complains of chronic pain and suffers from major depressive disorder with treatments to include psychotherapy, biofeedback, psychotropic medications, and self regulator treatment. The most recent record to review is UR of 06/04/15 showing that in an office visit of 03/19/15 the patient complained of increased pain in the right buttock. He continued to require 24 hour home care provided by his wife. He was reportedly status post CVA and unable to drive. Objectively he appeared depressed and continued to require psychiatric and psychologic care. Medications included Benazepril, Atenolol, Plavix, Mobic, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127.

Decision rationale: No rationale was provided in records reviewed other than to report that the patient appeared depressed and suffered from chronic pain. There was no recent psychologic or psychiatric evaluation, and no subjective symptoms of depression, anxiety, or other psychological/psychiatric distress reported. This request is not medically necessary.