

Case Number:	CM15-0121443		
Date Assigned:	07/02/2015	Date of Injury:	04/27/2012
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/24/2015

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 40 year old male, who sustained an industrial injury on 4/27/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having right rotator cuff tear with surgical repair, cervical radiculopathy, shoulder impingement, shoulder arthropathy, chronic pain syndrome and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 6/10/2015, the injured worker was in a right shoulder sling secondary to surgery on 4/27/2015 and exhibited a poor mood that had improved with medication. Physical examination showed right shoulder in a sling. The treating physician is requesting psychiatric evaluation for medication review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) psychiatric evaluation for medication review: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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" The injured worker has been diagnosed with right rotator cuff tear with surgical repair, cervical radiculopathy, shoulder impingement, shoulder arthropathy, chronic pain syndrome and myofascial pain. The injured worker continues to present with complaints of depression, anxiety and poor sleep and has been prescribed Escitalopram for depression and Lunesta for sleep by the primary treating provider. Per progress note dated 6/10/2015, the injured worker exhibited poor mood that had improved with medication. The request for One (1) psychiatric evaluation for medication review is medically necessary for further treatment of the psychiatric symptoms.