

Case Number:	CM15-0122197		
Date Assigned:	07/06/2015	Date of Injury:	09/22/2012
Decision Date:	08/04/2015	UR Denial Date:	06/10/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 31 year old male, who sustained an industrial injury on 09/22/2012. He has reported injury to the right shoulder and right wrist. The diagnoses have included crushing trauma to the right hand, dorsal laceration PIP (proximal interphalangeal) second to fifth digits, forearm laceration third PIP joint, contracture PIP and DIP (distal interphalangeal) joint second to fifth digits; right hand sprain/strain, rule out tendinitis, carpal tunnel syndrome; right wrist sprain/strain, rule out internal derangement; right shoulder strain, rule out tendinitis, rotator cuff tear, impingement syndrome; and status post right shoulder arthroscopic surgery, on 11/16/2013. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Norco, Ultram, Voltaren XR, Fexmid, and Prilosec. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right shoulder aggravated with overhead reaching and overhead work; pain in the right wrist aggravated with repetitive forceful gripping and grasping; he has difficulty sleeping at night; the hands and fingers get numb, and he has to shake his hands to wake them up to experience relief; and he has increased stress and anxiety due to his work-related injury. Objective findings included decreased right shoulder range of motion; impingement test is positive on the right; tenderness over the greater tuberosity of the right humerus; there is subacromial grinding and clicking of the right humerus; there is tenderness over the rotator cuff muscles on the right; right wrist range of motion is decreased; Tinel's sign and Phalen's sign are markedly positive on the right for carpal tunnel; and there is tenderness at the distal radioulnar joint and at the triangular

fibrocartilage complex at the right wrist. The treatment plan has included the request for 1 psychosocial evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychosocial evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 387, 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, one psychosocial evaluation and treatment is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are crushing trauma to the right hand, dorsal laceration PIP second to fifth digit, forearm laceration third PIP joint, contracture PIP and DIP joint second to fifth digits; right hand sprain strain; status post right shoulder arthroscopic surgery November 2013; right shoulder strain; and right wrist sprain strain. The date of injury is September 22, 2012. The request for authorization is June 5, 2015. According to an April 29, 2015 progress note, the injured worker has ongoing right shoulder pain and right wrist pain. There are complaints of numbness and tingling and increased stress and anxiety. Objectively, the right shoulder is tender over the greater tuberosity on the right with tenderness to palpation. There is tenderness over the right wrist with a positive Phalen's sign. The medical record does not contain any documentation referencing stress and anxiety prior to the April 29, 2015 progress note. The documentation indicates stress and anxiety, according to the April 29, 2015 progress note, and a consultation with a psychologist is appropriate without a treatment recommendation from the referring provider. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and clinical evidence of stress and anxiety according to the April 29, 2015 progress note, one psychosocial evaluation and treatment is not medically necessary.