

Case Number:	CM15-0125200		
Date Assigned:	07/09/2015	Date of Injury:	04/30/2014
Decision Date:	08/12/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 27 year old male, who sustained an industrial injury, April 30, 2014. The injury was sustained when the injured worker was at the end of the day standing at the desk and felt a sudden pop of the left clavicle with instant swelling, burning and pain. The injured worker previously received the following treatments open reduction and fixation of the left clavicle on August, 26, 2014, left clavicle x-ray on April 28, 2015 which showed a displaced fracture, Gabapentin, Amitriptyline, Methadone for Heroine addiction, hardware removal of plate and nerve repair on April 29, 2015, smokes Marijuana and has a medial Marijuana card, left brachial plexus MRI showed severe limitation related to the plate and screws, EMG (electrodiagnostic studies) of the left upper arm showed very high brachial plexus palsy, left shoulder MRI showed metal artifact and cervical spine MRI showed no significant abnormalities. The injured worker was diagnosed with clavicle fracture, C5-C6 and suspected high brachial plexus palsy, brachial plexus neuropathy, re-fracture of the left clavicle, depression, left arm numbness, paralysis, left arm pain, causalgia of the left upper arm, brachial plexopathy and closed fracture of shaft of clavicle. The physical exam noted the left clavicle fracture was healing with deformity. The operation had good anatomical alignment but with catastrophic nerve damage. The injured worker was having atrophying and contractures forming phase of the injury site with excruciating pain with possible CRPS (complex regional pain syndrome). The examination of the left arm noted discoloration and redness and stiffness of the left hand. The radial pulse was good bilaterally. There was no deltoid atrophy. The injured worker could keep elbow flexion. The biceps and triceps had good tone. The injured worker was

able to move the left wrist and fingers. According to progress note of June 15, 2015, the injured worker's chief complaint was left clavicular pain. The injured worker was also complaining of anxiety and depression. The injured worker denied sense of danger, thoughts of suicide, mental problems, thoughts of violence or frightening visions or sounds. The treatment plan included psychiatrist consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Consultation and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: Per the ACOEM guidelines, "failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Again, it bears repeating to maintain a high index of suspicion for the prevalent but under diagnosed condition of depression. If a patient expresses chronic dissatisfaction with work or has experienced significant dissatisfaction for several months, referral for psychiatric assessment or vocational counseling may be appropriate." Per the documentation submitted for review, it was noted that the injured worker experienced anxiety and depression secondary to injury. Per note dated 6/23/15 it was noted that he presented with a depressed affect. The treating physician noted that the overall presentation was unusual and may possibly represent a medication or psychological issue which required evaluation. The medical records support psychiatric consultation, however, the medical necessity of psychiatric treatment cannot be affirmed without first establishing the goals of treatment and the number of treatments requested. The request is not medically necessary.