

Case Number:	CM15-0126162		
Date Assigned:	07/10/2015	Date of Injury:	11/21/2012
Decision Date:	08/06/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male patient who sustained an industrial injury on 11/21/2012. The accident was described as while working as a juvenile officer he was breaking up a fight between a guest and another officer and resulted in him twisting his knee. Radiographic study showed evidence of a previous ACL reconstruction with internal fixation in the tibia. A recent primary treating office visit dated 06/16/2015 reported the patient with subjective complaint of having low back pain that radiates numbness into the right anterior thigh and posterior calf constantly. There is mid-back pain and cramping intermittently; left knee frequent pain. He needs to sit with the left knee extended and continues with swelling. The following diagnoses were applied: left knee internal derangement; lumbar instability, and lumbar disc disorder with radiculitis. The objective assessment found restriction of both lumbar and left knee range of motion. Radiographic findings showed severely reduced joint space in the medial and lateral joint spaces. The lumbar showed neuroforaminal encroachment at L5-S1 with retrolisthesis at L5-S1. The plan of care noted the patient obtaining a second opinion regarding the left knee as he feels is worsening. He is prescribed continuing with a modified work duty. He is also with complaint of having increased anxiety as a result of the injury and wishes to see a professional. He has participated in chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych eval: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: This claimant was injured in 2012 breaking up a fight. There was mid back and left knee pain. The diagnoses were left knee internal derangement; lumbar instability, and lumbar disc disorder with radiculitis. There was restricted knee and lumbar range of motion and an x-ray confirmed diminished knee joint space. The knee pain was worsening. He was also with complaint of having subjective complaints of increased anxiety, which is the basis for a psychological evaluation. Regarding the psychologist consult and assessment, the ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the psychological assessment fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. While there are subjective complaints of anxiety, there is no other detail or mini mental status exam, or primary care level assessment regarding the condition. The request is not medically necessary.