

Case Number:	CM15-0135397		
Date Assigned:	09/30/2015	Date of Injury:	10/15/2014
Decision Date:	11/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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, Illinois

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 57 year old male who sustained an industrial injury on October 05, 2014. A recent primary treating office visit dated August 25, 2015 reported subjective complaint of "intermittent pain in the left shoulder", along with "numbness and tingling." He relies on activity modifications and use of brace for pain and symptomatic relief. He also complains of "weakness in the left shoulder" and "left wrist and hand." He is "now feeling pain in the upper back region." There is note of pending left shoulder surgery. The following diagnoses were applied to this visit: left shoulder strain and sprain, impingement syndrome, rotator cuff tear labral with degenerative joint disease, adhesive capsulitis, status post cortisone injections times two without benefit November 17, 2014 and January 16, 2015; left wrist and hand strain and sprain, rule out tendinitis, carpal tunnel syndrome. At follow up dated May 19, 2015, the worker had complaint of "symptom of depression and insomnia due to the pain with frequent wakes at night from rolling over onto his left shoulder." He worries about his job and left shoulder pain and is experiencing financial difficulties. Current medications consisted of: Meloxicam, Trazadone, Pantoprazole, Citalopram, and Pioglitazone. On August 19, 2015, he underwent initial psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: The injured worker sustained a work related injury on October 05, 2014. The medical records provided indicate the diagnosis of left shoulder strain and sprain, impingement syndrome, rotator cuff tear labral with degenerative joint disease, adhesive capsulitis, status post cortisone injections times two without benefit November 17, 2014 and January 16, 2015; left wrist and hand strain and sprain, rule out tendinitis, carpal tunnel syndrome. Treatments have included Meloxicam, Trazadone, Pantoprazole, Citalopram, and Pioglitazone. The medical records provided for review do not indicate a medical necessity for Psychological evaluation. Included in the medical records reviewed were the reports for 05/19/2015, 06/30/2015, 08/19/2015 and 08/25/2015. Although depression and Insomnia were mentioned in the reviewed system for the 05/19 2015 encounter, there was no reference to that in the diagnosis or the treatment plan during this encounter or the subsequent encounter during the following visit. While it is appropriate to refer her for psychological evaluation, it is not medically necessary to do so if it is not requested by the provider. The MTUS states that the clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Therefore, the request is not medically necessary.