

Case Number:	CM15-0062254		
Date Assigned:	04/08/2015	Date of Injury:	01/11/2010
Decision Date:	05/13/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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 50 year old male who sustained an industrial injury on 1/11/10 involving his bilateral hands, bilateral upper extremities, internal psyche and sleep disorder. He had left carpal tunnel surgery (6/4/10) and right carpal tunnel surgery (11/10). He currently suffers from severe physical and psychological symptoms and requires assistance. He has difficulties with activities of daily living, financial management, and psychotropic / pain management medication treatment compliance. His deteriorated orthopedic condition has made him more sedentary. Medications are Zoloft, Ativan, Trazadone, Seroquel and Melatonin. Diagnoses include major depressive disorder; right (11/10) and left (6/4/10) carpal tunnel surgeries; arthroscopy, decompression and Munford procedure on right shoulder (1/17/12); arthroscopic surgery left shoulder (3/29/12). Treatments to date include medications, psychotherapy sessions, wrist braces. Diagnostics include electrodiagnostic studies of the upper extremities (5/24/12). In the progress note dated 6/11/14, 8/11/14 the treating provider's plan of care requests psychopharmacology management for one month for the next six months as he is easily disoriented and distracted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychopharmacology Management 1 month as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, 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, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible". The injured worker has been diagnosed with major depressive disorder and is being prescribed medications including Zoloft, Ativan, Trazadone, Seroquel and Melatonin. The request for 1 Psychopharmacology Management 1 month as an outpatient is medically necessary for the continuation of the treatment.