

Case Number:	CM15-0065901		
Date Assigned:	04/13/2015	Date of Injury:	03/25/2013
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on March 25, 2013, incurring knee and shoulder injuries after slipping and falling. He was diagnosed with a rotator cuff tear and degenerative changes of the right knee. On August 27, 2013 and in 2014, he underwent shoulder surgery. Treatment included pain management and activity restrictions. Currently, the injured worker complained of persistent right shoulder pain and right knee pain. The treatment plan that was requested for authorization included a referral to PHD management Psychologist for evaluation for Cognitive Behavioral Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral To PhD Management Psychologist For Evaluation For Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Chapter 15 regarding Stress-related Conditions, pages 400-401. Decision

based on Non-MTUS Citation (ODG) MTUS, Behavioral Interventions, Cognitive Behavioral Therapy guidelines for chronic pain, pages 23.

Decision rationale: Submitted reports have no clearly defined psychological issues documented on clinical examination or specific diagnosis to support for a psychiatric consultation for this chronic injury. Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. The Referral To PhD Management Psychologist For Evaluation For Cognitive Behavioral Therapy is not medically necessary and appropriate.