

Case Number:	CM15-0069673		
Date Assigned:	04/17/2015	Date of Injury:	05/23/2012
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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: California

Certification(s)/Specialty: Psychologist

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 53-year-old male who sustained an industrial injury on 5/23/2012. His diagnoses, and/or impressions, included: status-post left knee anterior cruciate ligament reconstruction and meniscectomy; chronic Achilles tendinopathy with chronic tear of the Achilles tendon; compensatory right plantar fasciitis; stress-related insomnia; and stress-related gastritis. Recent magnetic resonance imaging studies of the left knee and ankle were stated to be done on 8/9/2014. His treatments have included surgical intervention; buccal swab molecular testing (9/29/14); work restrictions; and medication management. Progress notes of 3/10/2015 reported developing work-related stress associated with his job and industrial injuries. The physician's requests for treatments were noted to include a psychological evaluation for insomnia caused by work-related stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker has been experiencing work-related stress that is not only causing insomnia, but possible physiological symptoms as well. It was recommended by his treating provider that the injured worker complete a psychological evaluation due to these symptoms. The CA MTUS recommends psychological evaluations, which not only offer more specific diagnostic information, but appropriate treatment recommendations as well. As a result, the request for a psychological evaluation appears reasonable and medically necessary.