

<b>Case Number:</b>	CM15-0091491		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 51-year-old female, with a reported date of injury of 02/12/2015. The diagnoses include left forearm animal (dog) bite, left shoulder sprain/strain, rule out internal derangement, left hand/wrist sprain/strain, and left finger sprain/strain. Treatments to date have included a functional capacity evaluation on 03/17/2015; and oral medications. The accident follow-up report dated 03/10/2015 was handwritten and somewhat illegible. The report indicates that the injured worker stated that her left forearm dog bite was still the same and the pain was the same. She stated that she was unable to use her left arm, and she had stopped all medications, because they were causing issues. The physical examination showed that the left forearm wound was completely epithelial, and healed with some scarring; there was no redness or swelling; tenderness to palpation of the forearm; and decreased grip strength of the right hand. The treating physician requested a transfer of care to a psychiatrist. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to psychiatrist:** Overturned

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

Chapter 7 Independent Medical Examinations and Consultations (PP 127,156) Official Disability Guidelines Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of post traumatic stress syndrome and depression despite healing of the laceration. Therefore, psychiatric consult would be medically warranted and the request is medically necessary.