

Case Number:	CM15-0096554		
Date Assigned:	05/26/2015	Date of Injury:	02/26/2013
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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, Pain Management

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 2/26/2013. He reported bilateral hand pain, right knee pain, left wrist pain, and left elbow pain. The injured worker was diagnosed as having left elbow medial humeral epicondylitis, right hand strain, left hand strain, left wrist internal derangement, right knee surgeries. Treatment to date has included medications, electrodiagnostic studies, and left knee surgery and right knee surgeries. The request is for a psychiatric follow up. On 11/18/2014, the report indicated there were electrodiagnostic studies dated 4/18/2014, which revealed an abnormal result of bilateral cubital tunnel syndrome. This report is not available for this review. The treatment plan included: psychiatric follow up, pain medicine follow up, sleep study, and orthopedic surgery referral. On 1/16/2015, he reported having loss of bowel control for the past 4 days, left elbow pain, right hand pain, left wrist/hand pain, and bilateral knee pain. On 2/19/2015, he reported improving chest pain, denied shortness of breath and palpitations. On 3/17/2015, he reported tingling of both hands, no loss of bowel control, left elbow pain, right bilateral hand pain, left wrist and left knee pain. The records do not indicate the results of previous psychological evaluations and/or treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Follow Up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a psychological follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates or antibiotics, require close monitoring. 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 the health care system through self care as soon as clinically feasible." Within the documentation available for review, the patient has no diagnosis of psychological illness. The patient was found to have chest pain with the differential diagnosis of cardiac causes versus GI causes versus anxiety. The plan included seeing a cardiologist to rule out underlying cardiac disease. In the absence of a definitive psychiatric diagnosis, the currently requested psychological follow-up is not medically necessary.