

Case Number:	CM14-0149845		
Date Assigned:	09/18/2014	Date of Injury:	09/04/2013
Decision Date:	10/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Psychologist, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this independent review this patient is a 50-year-old female who reported an industrial/occupational injury that occurred on September 4, 2013 while she was working for [REDACTED]. The injury occurred when she was packing 50 pound boxes of lettuce and used her right knee to prevent a box from falling which unfortunately ended up falling on her right knee. This caused internal derangement with medial meniscus injury. She is status post-surgery August 2014 and reports back and right hip pain. The surgery report indicated that not all of her knee problems could be repaired in the patient is struggling with depression for the past year with sadness tearfulness and poor sleep quality. There is pain that radiates from the lower back into the right hip. The pain is described as aching and burning and severe. July 2014 states that the patient feels that she does not want to live with her knee pain as it is and is having considerable difficulty with activities. A request was made for a psychological evaluation and the request was noncertified. The utilization review rationale for non-certification was stated as "the medical necessity of psychology referral is not established, information provided does not establish cited guidelines are met with adequate rehabilitation and other medical treatments to establish the medical necessity for psychological referral."

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist Consultation: 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 part two, behavioral interventions, psychological evaluation Page(s): 101-102..

Decision rationale: The California MTUS states that psychological evaluations are recommended; they are generally accepted, well-established diagnostic procedures not only with selective use in pain problems but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related and should determine if further psychosocial interventions are indicated. After reviewing the medical record it appears to me that the patient is experiencing delayed recovery and is experiencing psychological/psychiatric distress and symptomology (depression with passive suicidal ideation) as a direct result of her occupational injury. She hesitated to undergo surgery but it was medically necessary for her to have it and it was only partially successful leaving her with continued chronic pain. Therefore the finding of this IMR is that the request for a psychological evaluation is appropriate and medically necessary. The utilization review rationale for non-certification "information provided does not establish cited guidelines are met with adequate rehabilitation and other medical treatments" is inaccurate and unclear as there are no specific rules for who is or is not eligible for a psychological evaluation, and therefore this request is medically necessary.