MAXIMUS Federal Services

Case Number:	CM13-0015655		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2011
Decision Date:	02/13/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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:

This is a 47 year old female. Date of Injury is 8-11-11. She was hurt at work. She has been diagnosed with PTSD and Depressive Disorder. She has had high levels of anxiety and has manifested a tendency to self-mutilate. The gastrointestinal difficulties began "immediately" following the August 11, 2011 incident, which involved an attempted murder/suicide. It has been generally agreed that the patient needed two weeks of partial psychiatric hospitalization in order to avoid inpatient psychiatric hospitalization. The patient has been treated with Seroquel, Cymbalta, Xanax and Ambien. The issue at hand for this review is the medical necessity of 6 weeks of partial hospitalization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital admission for Depressive Disorder - 6 weeks partial hospitalization program/negotiated, medically certified per PA for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Disability Guidelines, Mental and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Major depression in adults in primary care. Bibliographic Source(s) Trangle M, Dieperink B, Gabert T, Haight B,

Lindvall B, Mitchell J, Novak H, Rich D, Rossmiller D, Setterlund L, Somers K. Major depression in adults in primary c

Decision rationale: Partial or full hospitalization may be considered in patients who have not responded to outpatient management, particularly if safety issues are a concern. In the present instance, all parties agreed that the patient needed to be in the partial hospital for two weeks to avoid going into inpatient psychiatric hospitalization. At issue here are weeks three through six. There was no evidence provided to this reviewer that after two weeks of partial hospitalization the patient was still a danger to herself or others. As such, per guidelines, six weeks of partial hospitalization was not medically necessary.