

Case Number:	CM13-0038259		
Date Assigned:	04/25/2014	Date of Injury:	03/14/2003
Decision Date:	06/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 Psychology 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:

The claimant is a 56 year-old male with a date of injury of March 14, 2003. The claimant sustained injury while working as a truck driver for [REDACTED]. The mechanism of injury was not found within the medical records offered for review. In the primary treating physician's progress report (PR-2) dated August 26, 2013, [REDACTED] diagnosed the claimant with: (1) Lumbar disc derangement at multiple levels confirmed by a prior MRI. Lumbisacral radiculitis/radiculopathy; (2) Bilateral knee pain; (3) Chondromalacia patella, right and left knee; (4) Lateral meniscus tear right knee confirmed by a MRI; and (5) Probable occult tear of the medial meniscus of the left knee. The claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. On an August 28, 2013 Psychological Treatment Plan Report, [REDACTED] diagnosed the claimant with Major depressive disorder, suicidal, without psychotic features. Additionally, the claimant experiences occasional suicidal ideation with a plan and has a history of inpatient hospitalizations. ú

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT MENTAL HEALTH HOSPITAL 72 HOUR HOLD, THEN 14 DAYS

INPATIENT STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress Chapter.

Decision rationale: The California MTUS does not discuss the use of inpatient hospitalization for the treatment of psychiatric conditions. The best guideline is the Official Disability Guideline regarding length of hospital stay. Based on the review of the medical records, the claimant was in crisis when he presented to [REDACTED] on September 4, 2013. He not only reported suicidal ideation, but also had a plan to cut his throat with a pocket knife. The fact that the claimant was suicidal with a plan definitely fits criteria for a 5150 hold (danger to self) with up to 72 hrs. of inpatient hospitalization. The remaining 14 days (5250 status) cannot be determined until the claimant has completed his initial 72 hrs. and completes a follow-up assessment. Despite this, it appears that the claimant was not placed on a 5150 by the emergency department and instead, voluntarily admitted himself into [REDACTED] on September 5, 2013. He was released on September 12, 2013. Because the claimant remained voluntarily hospitalized for 8 days, the request for an Inpatient Mental Health Hospital 72 Hour Hold, Then 14 Days Inpatient Stay is not medically necessary