

Case Number:	CM13-0060171		
Date Assigned:	12/30/2013	Date of Injury:	10/26/2012
Decision Date:	04/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Practice, and is licensed to practice in Texas. 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 patient is a 40-year-old female who reported an injury on 10/26/2012. The mechanism of injury was noted to be the patient was sexually assaulted and physically assaulted in a hotel room and the perpetrator committed suicide by jumping from the hotel room when the police arrived. The patient had a psychological evaluation on 03/09/2013 which revealed the patient had the diagnoses of post-traumatic stress disorder. The industrial psychiatric report dated 04/15/2013 revealed the patient experienced symptoms including depressed mood, anxiety, anhedonia, and fatigue, feelings of worthlessness, poor concentration, altered attention span, occupational impairment, persistent anger and panic attacks. The patient had nightmares, flashbacks of the event, and increased hyper vigilance. The patient's global assessment of functioning scale was 45, and the patient was noted to have psychosocial stressors that were mild and posttraumatic stress disorder. The note dated 11/11/2013 revealed the patient last drank alcohol 3 days prior to the visit. The plan included the patient needed referral/authorization to a hospital to start ASAP for crisis intervention and to decrease the likelihood of further decompensation. The request was for 5 weeks of partial hospitalization services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial Hospitalization Program x5 weeks- depression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Depressive Disorder, Not Elsewhere Classified, Hospital Length of Stay

Decision rationale: Official Disability Guidelines indicate that appropriate treatment for a patient with depressive disorders can include a hospital stay for 5 days. The clinical documentation submitted for review indicated the patient had posttraumatic stress disorder. The patient treatment would be supported for 5 days per Official Disability Guidelines. However, there was lack of documentation indicating a necessity for 5 weeks of partial hospitalization. Given the above, the request for partial hospitalization program times 5 weeks depression is not medically necessary.