MAXIMUS Federal Services

Case Number:	CM13-0067980		
Date Assigned:	01/03/2014	Date of Injury:	06/07/2010
Decision Date:	04/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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:

The patient reported a date of injury of 6/7/2010. Date of UR decision was 12/3/2013. Mechanism of injury was by being attacked in [redacted] by a patient. Because of this incident she sustained physical and psychological injuries. She has been diagnosed with Post Concussion Syndrome and Acute Stress Disorder per the Progress Reports from Neuropsychologist. Per Industrial Injury report from 11/22/2013, diagnoses of PTSD; Major Depressive Disorder, Recurrent, Moderate; Bipolar disorder type 1, most recent episode, depressed, moderate and Alcohol dependence have been listed. Psychotropic medications include Trileptal, Wellburtin XL, Klonopin. The progress note describes "irritability, mood lability, hyper vigilant, guarded, fearful, difficulty with sleep." Mood is described as "upset", "affect is appropriate to mood labile and anxious".

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SLO safe self defense classes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Self defense classes are not considered as the Standard practice per the guidelines used for the injured worker's diagnoses. Medical necessity for 6 SLO safe self defense classes cannot be affirmed at this time