

Case Number:	CM14-0113648		
Date Assigned:	08/13/2014	Date of Injury:	03/17/2011
Decision Date:	01/28/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Psychiatrist (MD) 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:

Injured worker is a 55 year old male with date of injury 3/17/2011. Date of the UR decision was 6/24/2014. Per report dated 6/16/2014, the injured worker presented with continued complaints of depression and anxiety and was taking medications which according to him made some improvement but he disliked the side effects of the medications. He was continuing to experience trouble sleeping. The treating provider documented that he felt that the injured workers condition would improve considerably if he were provided with a therapy dog for companionship and assistance with his Activities of Daily Living. He was diagnosed with Post Traumatic Stress Disorder(chronic), Generalized Anxiety Disorder with panic attacks and Depressive disorder. The treatment plan per the report was to continue EMDR for PTSD, CBT for coping and stress reduction, Biofeedback and Nutritional/Integrative and wellness technique for wellness recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Animal assisted therapy (service dog): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.cs.amedd.army.mil/amedd_journal.aspx

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ADA.gov- Service animals in business places

Decision rationale: MTUS and ODG guidelines are silent regarding use of service animals. Per ADA.gov "The ADA defines a service animal as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by a state or local government. Service animals perform some of the functions and tasks that the individual with a disability cannot perform for him or her. Guide dogs are one type of service animal, used by some individuals who are blind. This is the type of service animal with which most people are familiar. But there are service animals that assist persons with other kinds of disabilities in their day-to-day activities. Some examples include: _ Alerting persons with hearing impairments to sounds. _ Pulling wheelchairs or carrying and picking up things for persons with mobility impairments. _ Assisting persons with mobility impairments with balance. A service animal is not a pet." In this case, there is no clinical indication for use of a service animal. Also, there is very limited research based evidence for use of a service animal. Thus, the request for animal assisted therapy (service dog) is not medically necessary.