

<b>Case Number:</b>	CM15-0139217		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 54-year-old male with an April 23, 2003 date of injury. Diagnoses were noted in the medical record to include amputation of the right arm above the elbow, left elbow lateral epicondylitis, left hand tenosynovitis, and osteoarthritis of the left index finger, posttraumatic stress disorder, major depression, and generalized anxiety disorder. A progress note dated July 9, 2015 documents that the injured worker was not doing very well, and was very angry, irritable and agitated and having issues at work. The provider strongly recommended a partial hospitalization program to greatly enhance the injured worker's changes of getting relief from his chronic depression and mood instability. The treating physician documented a plan of care that included a residential partial hospitalization program for twenty-eight days, and twelve remaining monthly medication management visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Residential partial hospitalization program times 28 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114,394-402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In this case, the diagnoses include posttraumatic stress disorder, major depression, and generalized anxiety disorder. A progress note dated July 9, 2015 documents that the injured worker was not doing very well, and was very angry, irritable and agitated and having issues at work. The provider strongly recommended a partial hospitalization program to greatly enhance the injured worker's changes of getting relief from his chronic depression and mood instability. A review of the medical records supports the request for residential partial hospitalization program to enhance treatment of chronic depression and mood instability. Per the MTUS ACOEM guidelines, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The request for Residential partial hospitalization program times 28 days is medically necessary and appropriate.

**Remaining monthly medication management visits 12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 402.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Office Visits.

**Decision rationale:** According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. The injured worker is being prescribed medications and is diagnosed with major depression, and generalized anxiety disorder. The request for remaining monthly medication management visits 12 is medically necessary and appropriate.