

<b>Case Number:</b>	CM15-0140094		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/12/1988
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a 68-year-old male with an industrial injury dated January 12, 1988. The injured worker's diagnoses include panic disorder and unspecified episodic mood disorder. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. Some documents within the submitted medical records are difficult to decipher. In a progress note dated June 6, 2015, the injured worker reported improvement from the day before, a slight increase in anxiety, good mood, good interest in things and poor sleep. Objective findings revealed fair appearance, anxious mood, and fair mental status. The treating physician noted a significant deterioration in ability to function, in comparison to baseline and requested a continuation for in-patient treatment. The treating physician prescribed services for continued inpatient stay from June 7, 2015 to June 10, 2015, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued inpatient stay (6/7/15-6/10/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23149285>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress and Mental, Hospital Length of Stay.

**Decision rationale:** This claimant was injured back in 1988 with diagnoses of panic disorder and unspecified episodic mood disorder. As of June 2015, there was a slight increase in anxiety, good mood, good interest in things but poor sleep. Objective findings revealed fair appearance, anxious mood, and fair mental status. The treating physician noted a significant deterioration in ability to function, in comparison to baseline and requested a continuation for in-patient treatment. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes, in the Mental and Stress section: Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. (HCUP, 2011) See also specific entries in body part chapters, for example Low Back. Typical stays are four days for detoxification, and other conditions in the Stress and Mental section. The claimant has exceeded that for what appears to be a less significant clinical condition that the guidelines cited. It is not clear why, as the reports look favorable. It is not clear why care could not be completed as an outpatient. The request was appropriately not medically necessary.