MAXIMUS Federal Services

Case Number:	CM15-0162025		
Date Assigned:	08/28/2015	Date of Injury:	04/12/2010
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 47-year-old female who sustained an industrial injury on 04/12/2010 involving a ruptured medial and lateral meniscus due to a fall. Her diagnoses include major depression recurrent severe with psychosis, chronic opiate dependence, status-post multiple surgeries on knee, back, and elbows with chronic pain, hypothyroidism, and hypertension. She reported that she had undergone surgery on the knee in 2013, but was "allergic" to the implant, which was ultimately removed and replaced with titanium. She reported severe pain with burning as well as shoulder pain. She had been treated with Lyrica and narcotics, which she noted were helpful, but did not resolve the severe pain. She was admitted for inpatient psychiatric hospitalization on 07/06/15 after sitting with a shotgun in her mouth for 20 minutes. She would not reveal its location. She said that her significant other had left her after the injury, and that she had been depressed over the last year. She stated that she was unable to pull the trigger. Her other plan was to jump onto the freeway but was afraid of the pain. She reported auditory hallucinations but these were not described. She was noted to be on medical marijuana, and was apparently on Cymbalta while in the hospital, although it was not mentioned daily in progress notes. On 07/15/15, it was noted that the shotgun had been removed. She had some hope of being able to sleep and have some increased pain relief on Elavil, as her most difficult time was at night. At those times, she indicated that thoughts of being better off dead tended to overwhelm her. On 06/16/15, notes indicated that she may move in with a friend and start IOP, and she was feeling better. On 07/17/15, notes reflect that she was in "good spirits" with a positive outlook. No suicidal ideation was noted during any of those times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient mental health hospital continued stay from 7/15/15 to 7/20/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding inpatient mental health hospitalization. Official Disability Guidelines, Mental Illness Stress, Hospital length of stay (LOS), American Psychiatric Association, Practice Guideline, Assessment and Treatment of Patients with Suicidal Behaviors. http://psychiatryonline.org/guidelines. Hospital management of self-harm patients and risk of repetition: systematic review and meta-analysis. J Affective Disorders 2014October. Carroll R.

Decision rationale: Per ODG, the recommended median length of stay (LOS) is based on type of surgery, or best practice target LOS for cases with no complications In the community, psychiatric hospitalization length of stay is based on the stability of the patient in terms of risk of danger to self, danger to others, or grave disability. The injured worker was at no time reported to be aggressive towards others or unable to care for herself or her activities of daily living. By 07/15/15, she was no longer actively suicidal. Although she was expressing thoughts, they were passive in nature, e.g. feeling that she would be better off dead. For the balance of her stay until discharge on 07/17/15, her outlook became increasingly positive with increased hope of relief at night, potentially moving in with a friend, and starting IOP. Passive suicidal ideation is noted to be a hallmark feature of many psychiatric illnesses. For that matter, it can also be found sporadically in the normal "control population ". In and of itself it does not constitute a rationale to keep a patient in an inpatient setting without the presence of concomitant aggressive behavior, intent, planning, substance abuse, withdrawal etc. Therefore, the request is not medically necessary.