

<b>Case Number:</b>	CM15-0082699		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: 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 50 year old female with an industrial injury dated 3/07/2013. The injured worker's diagnoses include major depressive disorder, recurrent episode, severe without mention of psychotic behavior and post-traumatic stress disorder. Treatment consisted of diagnostic studies, prescribed medications, psychotherapy and periodic follow up visits. In a progress note dated 4/24/2015, the injured worker reported severe depression and post traumatic stress disorder. The injured worker rates depression 7/10 and anxiety 8-9/10. Objective findings revealed anxious and depress mood, linear thought process and impaired attention and concentration. The treating physician prescribed services for a partial hospitalization mental health program group therapy for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Partial hospitalization mental health program group therapy for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Group therapy, PTSD psychotherapy interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association (APA) Practice Guidelines - Partial Hospitalization.

**Decision rationale:** The injured worker has been diagnosed with major depressive disorder, recurrent episode, severe without mention of psychotic behavior and post-traumatic stress disorder. There is no clinical indication for the need for a higher level of care than the current ongoing treatment. Thus, the request for Partial hospitalization mental health program group therapy for 4 weeks is not medically necessary.