

<b>Case Number:</b>	CM15-0079284		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Illinois

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 54-year-old male, who sustained an industrial injury on 4/23/2003. He reported injury with loss of the right arm. The injured worker was diagnosed as having bipolar disorder and polysubstance abuse. There is no record of a recent diagnostic study. Treatment to date has included psychiatric care. In a progress note dated 3/20/2015, the injured worker complains of depression and instability. The treating physician is requesting residential partial hospitalization program x 28 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Residential partial hospitalization program x 28 days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Hospital length of stay (LOS).

**Decision rationale:** The injured worker sustained a work related injury on 4/23/2003. The medical records provided indicate the diagnosis of bipolar disorder and polysubstance abuse. Treatment has included cognitive Psychotherapy. The medical records provided for review do not indicate a medical necessity for Residential partial hospitalization program x 28 days. The medical records reviewed did not provide a specific reason or diagnosis for the referral. The MTUS is silent on residential partial hospitalization of the psychiatric patient; but this guideline recommends that the management of the chronic pain patient be done in the context of the history, physical examination and diagnosis. The medical records reviewed do not indicate the injured worker is being referred for any of the following reasons for which the Official Disability indicates the e psychiatric patient can be hospitalized. ODG hospital length of stay (LOS) guidelines: Electroconvulsive therapy (icd 94.27 - Other electroshock therapy): median 16 days; mean 18.9 days ( 0.9); discharges 19,614; charges (mean) Best practice target (no complications) - 16 days. Alcohol Detox (icd 94.62 - Alcohol detoxification): median 3 days; mean 4.2 days (0.1); discharges 169,797; charges (mean);best practice target (no complications) - 3 days. Alcohol Rehab/Detox (icd 94.63 - Alcohol rehabilitation and detoxification): median 5 days; mean 7.0 days (1.1); discharges 12,586; charges (mean); Best practice target (no complications) - 5 days Drug Detox (icd 94.65 - Drug detoxification): median 4 days; mean 4.1 days (0.2); discharges 78,219; charges (mean) ; Best practice target (no complications) - 4 days.