

Case Number:	CM15-0097743		
Date Assigned:	05/21/2015	Date of Injury:	02/02/2005
Decision Date:	05/28/2015	UR Denial Date:	04/20/2015
Priority:	Expedited	Application Received:	05/20/2015

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: 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:

Injured worker is a 46 year old male with date of injury 2/2/2005. Date of the UR decision was 4/20/2015. Mechanism of injury was described as a fall while performing his duties as a tree climber resulting in chronic pain secondary to physical injuries and psychological injury as well. Per report dated 5/11/2015, the injured worker was in partial hospitalization program but felt like he was unable to function there and wanted to leave the program. It was documented that he agreed to being admitted voluntarily to the hospital for suicidal ideations and gravely disabled illness. Per report dated 5/7/2015, he was diagnosed with Bipolar disorder and was prescribed Zyprexa 20 mg, Lithium 300 mg #120, Haldol 10 mg #30 and Trileptal 300 mg #160. Injured worker also carries diagnosis of Posttraumatic Stress Disorder and has been in psychotherapy treatment as well as treatment with Psychiatric medications. Per report dated 4/28/2015, the injured worker was readmitted from partial hospitalization program due to increasing suicidal ideations with a plan and confusion. Per report dated 4/1/2015, the injured worker was admitted to inpatient Psychiatric hospital and had subjective symptoms of feeling depressed, hearing voices and feeling anxious/angry. Injured worker was reported to be severely and chronically mentally ill. It was suggested that the Psychotropic medications were being adjusted for symptom management. The submitted documentation also lists diagnosis of Major depressive disorder, single episode, and moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial Hospital Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria for Short-Term Treatment of Acute Psychiatric Illness. American Psychiatric Association. Milliman Care Guidelines, Behavioral Health Guidelines, 16th edition. American Psychiatric Association Practice Guidelines, General Standards of Psychiatric Practice. Kaplan and Saddock's Synopsis of Psychiatry - 10th edition.

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

Decision rationale: APA Practice Guidelines for Partial Hospitalization states 'The treatment plan for a partial hospitalization patient include goals that will curtail the given patient's need for a higher level of care through the patient's adherence to the partial hospitalization program's attendance requirements and his/her prescribed medication regimen, identification of the patient's symptoms and how he/she may improve, and attention to the patient's coping skills (which our members identify as a broad issue which depends on the given patient's level of functioning and the stressors present in the environment in which he/she lives).' The request for Partial Hospital Program, unspecified length of time is not medically necessary. Upon review of the submitted documentation, it is suggested that the injured worker has been in Partial Hospitalization Program, which he did not find helpful and wanted to leave the program. He has had recent brief inpatient Psychiatric Hospital stays in April and May of 2015. Per report dated 5/11/2015, the injured worker was in partial hospitalization program but felt like he was unable to function there and wanted to leave the program. The request for continued Partial Hospital Program is not indicated at this time based on lack of documentation of objective functional improvement from it recently. In addition, the length of time the program is intended to be continued is also not specified. Therefore, the request is not medically necessary.