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October 29, 2021

Gabrielle Duquette  
Reliance Standard Insurance Company  
PO Box 8330  
Philadelphia, PA 19101

**Re:** Marion Foster  
**Claim Number:** 2021-02-27-0194-VPS-01  
**Date of Injury:** 2/15/2021  
**MCN Number:** 1-C412006

Dear Gabrielle Duquette,

Thank you for allowing MCN to schedule a review of the medical records of Marion Foster. The following is a report of the review prepared on October 29, 2021. Reginald Givens, MD, prepared and dictated this report.

The opinions expressed in this report are those of the provider, and do not reflect the opinions of MCN.

The dictated report is as follows:

## **REVIEW**

I have reviewed the entire medical record.

There is a therapy note dated July 16, 2020, from a provider whose name is not clear and parts of the record are not clear, however, it was documented that the claimant was oriented to person, place, time and situation and that mood was euthymic. Affect was appropriate. Calm psychomotor activity. Logical, goal-directed thoughts. No hallucinations. Fair insight. Good judgment. Attention and concentration good. Speech normal. Memory within normal limits. The provider reported that there was no paranoia and no hallucinations.

There is a note that is dated August 13, 2020, by a provider whose name is not clear. Parts of the document are not clear but the provider reported that the claimant was oriented times four with euthymic mood. Calm psychomotor activity. Goal-directed thoughts. No hallucinations. No paranoia. Attention and concentration good. Normal speech. Memory within normal limits. Reported that depression had decreased.

There is a note dated September 10, 2020, by a therapist whose name is not clear and parts of the document are not clear but it was noted that the claimant's mood was euthymic. Oriented times four. Affect appropriate. Calm psychomotor activity. Logical, goal-directed thoughts. No hallucinations. Fair insight. Good judgment. Attention and concentration good. Speech normal. Memory within normal limits. Reported that depression had decreased. She would continue to be monitored.

There is a note that is dated February 15, 2021, by a provider named Jyoti Rimal, ARNP. The provider documented that the claimant had presented with complaints of depression, anxiety, suicidal ideation and endorsed increase in depression for the past several months that had progressively gotten worse over the past week. She reported struggling with passive death wishes for awhile but the past week had been having intense suicidal ideations with plan to either overdose on medication available at home, drive to Bay Bridge and jump off the bridge or take her 4-year-old daughter, drive her somewhere, leave her in the car and disappear. She reported problems with stressors and complained of sleep disturbance, poor appetite, anhedonia, poor concentration, crying and also the provider also documented that the claimant on examination was well kempt, cooperative with good eye contact, no psychomotor activation or retardation, speech normal rate, rhythm and volume, organized thought process, goal directed, linear associations, no hallucinations, no delusions and mood distressed and dysphoric. Reported claimant was suicidal and affect flat. Reported claimant was able to follow the interview in an age-appropriate manner. Had good recall of recent events and reported the claimant was voluntarily admitted regarding inpatient treatment to prevent decompensation and monitor for safety.

There is a discharge summary from Dr. Noggle that indicated that the claimant was discharged on February 19, 2021, and that the claimant reported improved mood and did not report any reports of self harm during her hospital stay. She did not exhibit any self-injurious behaviors or safety concerns. On the date of discharge, she denied suicidal ideations, plan or intent.

There is a certification of healthcare provider form from Robin O'Hara that is dated February 24, 2021, reporting that the claimant was hospitalized for acute exacerbation of depression on February 15, 2021, and had been started on medication. She had a pending appointment for psychiatric care.

There is an Attending Physician Statement from Rama Chandron dated March 19, 2021, reporting that the claimant was not able to handle decision making. Our mistakes on her part are stress in general and as stated, the claimant had difficulty at that point with decisions and states the claimant should be returned back to work on May 1, 2021, and diagnosis given was major depressive disorder.

There is a letter from the therapist named Raji Ramachandran reporting the claimant was diagnosed in May 2019 with major depression moderate and in late 2020 was given diagnosis of major depressive disorder mild. The diagnosis changed to major depressive disorder severe in February 2021 after her psychiatric hospitalization for suicidal ideation with a plan.

## **DISCUSSION**

The following is in response to the questions in your cover letter.

- 1) Based on the available medical information, please document and discuss all conditions (whether specifically diagnosed or not) for which the claimant received treatment/consultations/care or services, including diagnostic procedures or took prescribed drugs or medications for the sickness or injury during the period of 07/01/2020 through 09/30/2020.*

Based on the available medical information, the claimant was treated for major depressive disorder during the period of July 1, 2020, through September 30, 2020. Specifically, there is a letter from the claimant's therapist that is not dated but reports that the claimant was diagnosed by the therapist in May 2019 with major depressive disorder moderate and in late 2020 was given diagnosis of major depressive disorder mild and that the diagnosis was changed to major depressive disorder severe in February 2021 after a psychiatric hospitalization. There is also notes documenting therapy treatment for depression July 16, 2020; July 30, 2020; August 13, 2020, and also on September 10, 2020.

- 2) *Based on the available medical information, please identify all conditions causing impairment (or alleged impairment) as of February 15, 2021.*

*Relevant Policy Language and Definitions:*

*PRE-EXISTING CONDITIONS: An Insured will be considered to have a Pre-existing Condition and will be subject to the Pre-existing Conditions Limitation if:*

- a) the disability begins in the first twelve (12) months after the Insured's effective date; and*
- b) he/she has received medical Treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines for the Sickness or Injury, whether specifically diagnosed or not, causing such disability, during the three (3) months immediately prior to the Insured's effective date of insurance.*

*Weekly Income Benefits will not be paid for a disability:*

- a) caused by;*
- b) contributed to by; or*
- c) resulting from:*
  - i. Pre-existing Condition Are the condition(s) causing impairment (or alleged impairment) caused by, contributed to by, or resulting from any of the conditions identified in question #1? Please provide the basis for your opinion, including reference to any specific medical data*

Based on the available medical information, the conditions causing impairment as of February 15, 2021, would be that of major depressive disorder. Based upon a review of the records, the conditions causing impairment were resulting from the conditions identified in answer to question #1 regarding major depressive disorder and again, there is a letter from the claimant's therapist, Raji Ramachandran, that acknowledges diagnosing the claimant in May 2019 with major depressive disorder moderate and in late 2020 given the diagnosis of major depressive disorder mild and that the diagnosis was changed to major depressive disorder severe in February 2021. In addition, there are clearly therapy notes regarding treatment of depression though the provider's name is not clear. The therapy notes are dated July 16, 2020; July 30, 2020; August 13, 2020, and September 10, 2020.

- 3) *If calls were made to the claimant's HCP(s), please document summary of conversation.*

Not applicable as no calls were made to the claimant's treating providers.

4) *Based on your review of medical information and call(s), if completed, does the medical information support functional limitations sufficient to preclude working for the period of February 15, 2021 ongoing?*

*a. Please provide an answer and rationale for your answer documenting both and provide the specific evidence (clinical findings, test/lab/imaging outcomes and other data) in the medical record used to support your findings of functional impairment.*

*b. If the claimant does have functional limitations, what are the specific restrictions and limitations?*

*c. If the claimant is restricted or limited, do they have any work capacity and if so are any accommodations needed for them to return to work? How long will those accommodations be needed?*

Based upon a review of the medical information, medical information would support functional limitations sufficient to preclude working for the period of February 15, 2021, and ongoing. Based upon a review of the record, the claimant was psychiatrically treated on February 15, 2021, and was discharged on February 19, 2021. She was admitted with symptoms of major depressive disorder including suicidal ideations with intent and plan and also had complained of low mood, feeling hopeless and worthless, sleep disturbance, poor appetite, anhedonia, poor concentration and crying uncontrollably as documented in a note dated February 15, 2021, regarding psychiatric admission note from provider name Jyoti Rimal.

The claimant would have restrictions of no work requiring sustained concentration, social interaction and adaptation.

5) *If physical medical deficits are identified, please provide the following: a. Please indicate etiology of deficits: Diagnosis(s)/Condition(s) and/or other factors*

Not applicable.

6) *Was the claimant receiving appropriate care and treatment for the period specified? a. If yes, and functional impairments were found, will deficits continue to decline, remain stable or may improve? Please indicate what services/treatment is needed to enhance improvement. b. If no, please explain and indicate appropriate care and treatment.*

Yes, per the records reviewed, the claimant had been receiving psychotropic medications and also psychotherapy.

7) *Was the claimant compliant with the treatment plan?*

Yes, the patient was compliant with the treatment plan per the records reviewed.

- 8) *Were there any documented side effects from medications the claimant was taking that would have resulted in functional limitations for the period in review?*
- a) *If yes, which medications are causing the side effects?*
- b) *If yes, what are the impairing side effects?*
- c) *If yes, would improvement in the side effects or increase tolerance level be expected if the claimant continued on the same medications?*

There were no documented side effects to medication that would have resulted in functional limitations for the review period in question.

## NOTE

*MCN retains qualified independent reviewers who perform peer case reviews as requested on behalf of MCN's clients. These reviewers are independent contractors who are credentialed in accordance with their particular specialties and the standards set by URAC and/or other state and federal regulatory requirements. All reviewers have agreed to only accept reviews where no conflict of interest exists that could compromise the independence and objectivity of the report.*

*The written opinions expressed in this report provided by MCN represent the opinions of the reviewer(s) who reviewed the case. The case review opinions are provided in good faith, based on the medical records and information provided to MCN or its reviewer(s) at the time of the review request or during the phone consultation with the treating provider(s). MCN assumes no liability for the opinions of its contracted reviewers. The health plan, or other third party authorizing this case review, agrees to hold MCN harmless for any and all claims or actions which may arise as a result of this case review. In addition, the health plan, or other third party requesting and authorizing this review, is solely responsible for the policy interpretation and for the final determination made regarding coverage and/or eligibility.*



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