

Case Number:	CM13-0006907		
Date Assigned:	03/21/2014	Date of Injury:	06/03/2009
Decision Date:	05/12/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic elbow pain, and psychological test reportedly associated with an industrial injury of June 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of cognitive behavioral therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a September 27, 2013 progress note, the applicant was described as having ongoing issues with bilateral upper extremity pain, depression, anxiety, panic attacks, and suicidal ideation. Seroquel, Pristiq, Neurontin, Norco, and topical compounds were endorsed. Authorization for home health assistance was sought to help the applicant perform household tasks and other activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE, 2 HOURS A DAY, #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: In this case, the attending provider has indicated that the home health services being sought represent assistance with performance of activities of daily living such as cooking, cleaning, shopping, etc. Such services are specifically not covered, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, when sought as stand-alone services. In this case, the information on file does suggest that the attending provider is seeking home health care as a stand-alone service without provision of any concomitant medical services. Accordingly, the request remains not certified, on Independent Medical Review.