

<b>Case Number:</b>	CM13-0028197		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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 claimant is a 32-year-old female who worked at [REDACTED]. She sustained an injury on June 13, 2011, over 2 years ago, when she slipped and fell and sustained an injury to her right knee, her upper and lower back, and her left upper extremity. She has had extensive treatment to date. At this point she has recently had surgery done by [REDACTED]. On September 6, 2013, she had an arthroscopic lateral menisci repair and a chondroplasty of the medial femoral condyle. She was seen on September 12, 2013, for a follow up, at which point there was no sign of infection, and she was allowed to bear weight as tolerated with crutches. She has had depressive symptoms. On page 14 of his report on 10-14-13 [REDACTED] writes of the patient: "She is in need of psychiatric services. Cymbalta will be started. There are no contraindications for the use of such medication. She has no history of glaucoma or liver function disease or indication of any head injuries or seizure disorder that would contraindicate the use of such said medication. Xanax will continue as given by [REDACTED]." She has been treated at various times with Xanax, Valium, Cymbalta, ketoprofen, Tylenol, tramadol, gabapentin, Neurontin, nopalina, dexilant, cyclobenzaprine, flurbiprofen, ibuprofen, Hydrocodone/APAP 10/325 mg, Xoten-C lotion, amitza and sentra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines 2004, 2nd Edition, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** [REDACTED] was very specific about the quantity and duration of home health care that he deemed necessary and urgent. The CA MTUS states the following on page 51 regarding Home health services: "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)" Clearly the patient needed home health care. Her case was complex. [REDACTED] attested that she needed 56 hour per week of home health care. The guidelines allow for 35 hours per week of care. However, this review is only to determine the medical necessity of a home health care evaluation, which would be necessary whether the patient ultimately gets zero, 35, 56 or more hours per week of care. A home health care evaluation is absolutely medically necessary to facilitate care as recommended by the evaluator under guidelines.

**Psych evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines 2004, 2nd Edition, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** As noted above in the item on home health by [REDACTED], the patient was in urgent and immediate need of mental health services. A "psych evaluation" as requested, whether psychological, psychiatric or both is clearly needed in this case as documented. Further the guidelines strongly support the use of a psychological or psychiatric evaluation. Further, this particular case was complex. The patient was treated with at least 20 different prescription medications at various times, at least three of which were psychiatric and in bad need of psychiatric medication management. A psych evaluation is medically necessary.