

Case Number:	CM13-0032944		
Date Assigned:	12/06/2013	Date of Injury:	01/08/2001
Decision Date:	03/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in New York. 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 patient is a 57 year old female who reported an injury on 01/08/2001 as a result of an assault by a customer. The patient reportedly developed emotional distress. The patient was treated with psychiatric support and physical therapy. The patient developed post-traumatic stress disorder and major depressive disorder that resulted in self care deficits. The patient's treatment plan included continued medications, continued psychotherapeutic sessions, and home care assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care assistance 24/7 by licensed vocational nurse (LVN) or psych technician: 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 Home health services Page(s): 51.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has self care deficits. However, the MTUS Chronic Pain Guidelines do not recommend home care service for patients who are not homebound on an intermittent or part-time basis. The clinical documentation submitted for review does not provide any evidence that

the patient is homebound. There is no documentation that this level of care is no longer sufficient for this patient. Additionally, the MTUS Chronic Pain Guidelines only recommend up to 35 hours a week for home care assistance. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond MTUS Chronic Pain Guideline recommendations. As such, the requested home care assistance 24/7 by LVN or psych technician is not medically necessary and appropriate.