

Case Number:	CM13-0034119		
Date Assigned:	12/06/2013	Date of Injury:	09/12/1994
Decision Date:	01/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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 applicant is a represented [REDACTED] who has filed a claim for schizoaffective disorder and depressive disorder reportedly associated with an industrial injury of September 12, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; a wheelchair; in-home delivery of various psychotropic medications; a morphine pump; antipsychotic medications; multiple inpatient psychiatric stays; and extensive periods of time off of work. In a utilization review report of September 9, 2013, the claims administrator apparently denied a request for 31 days of room and board. The applicant later appealed, on October 18, 2013. Earlier handwritten psychiatry progress notes are reviewed, including those dated June 19, 2013, August 24, 2013, and July 31, 2013. The notes are difficult to read, handwritten, and not entirely legible. She is also having issues with mood and is apparently hallucinating. She is upset because the home in which she is living is apparently overcrowded. She is withdrawn and agitated, it is stated. She was asked to increase her dosage of Depakote on several occasions. The applicant's care has been complicated by comorbid diabetes and dyslipidemia. An earlier note of July 31, 2003 is notable for comments that the applicant has issues with her current living situation. She is living in common home with multiple other tenants. The applicant is having issues with abode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Room and board for 31 days of service: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

Decision rationale: As noted in the many progress notes referenced above, the applicant's needs for housing are socioeconomic issues as opposed to medical issues. The applicant apparently does not like the home in which she lives, does not care for her roommates, and feels that the group home in which she is living is unclean. The MTUS-adopted ACOEM Guidelines in chapter 5 indicate that, chemical dependency, work problems, family disorders, etc., are factors for delayed recovery. It is, however, beyond the scope of ACOEM to address many of these nonmedical issues. In this case, the applicant's housing issues and needs for housing are, indeed, nonmedical issues that are, as suggested by ACOEM, beyond the scope of the guidelines. The request for room and board for 31 days of service is not medically necessary and appropriate.