

Case Number:	CM13-0039934		
Date Assigned:	03/28/2014	Date of Injury:	09/28/2008
Decision Date:	04/29/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/10/2013

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:

According to the records made available for review, this is a 59 year-old female with a 9/28/08 date of injury. At the time (9/26/13) of request for authorization for CNA level home health care three (3) hours daily seven (7) days per week and Lindora one (1) time daily for three (3) months, there is documentation of subjective (anxiety, appetite disturbance, difficulty sleeping, social withdrawal, impaired concentration and memory, crying spells, and nightmares) and objective (anxiety, fearfulness, depression, obesity, impaired concentration and memory, and obvious physical discomfort) findings, current diagnoses (major depression, pain disorder, and insomnia), and treatment to date (psychotherapy and medications). Regarding the requested CNA level home health care three (3) hours daily seven (7) days per week, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Regarding the requested Lindora one (1) time daily for three (3) months, there is no documentation of a history of failure to maintain weight and a BMI greater than or equal to 30 kg/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² with documentation of comorbid conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CNA LEVEL HOME HEALTH CARE THREE (3) HOURS DAILY SEVEN (7) DAYS PER WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of major depression, pain disorder, and insomnia. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for CNA level home health care three (3) hours daily seven (7) days per week is not medically necessary.

LINDORA ONE (1) TIME DAILY FOR THREE (3) MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna (http://www.aetna.com/cpb/medical/data/1_99/0039.html)

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of major depression, pain disorder, and insomnia. However, despite documentation of obesity, there is no documentation of a history of failure to maintain weight and a BMI greater than or equal to 30 kg/m²; or a BMI greater than or equal to 27 and less than 30 kg/m² with documentation of comorbid conditions. Therefore, based on guidelines and a review of the evidence, the request for Lindora one (1) time daily for three (3) months is not medically necessary.