

Case Number:	CM13-0040330		
Date Assigned:	12/20/2013	Date of Injury:	12/29/2000
Decision Date:	07/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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 patient is a 68-year-old male who has submitted a claim for severe right shoulder impingement syndrome with labral tear and major depressive disorder associated from an industrial injury date of December 29, 2000. Medical records from 2013 were reviewed, the latest of which dated October 8, 2013 showing that the patient's level of functioning has been affected to a full totality, and he continues to suffer from severe physical and psychological symptoms that require assistance. It is evident that tasks necessary for independent living has been compromised and as a result, the patient has difficulties performing tasks such as shopping, meal preparation, financial management, psychotropic/pain management medication treatment and compliance, arrange transportation to all medical appointments. The patient spends most of his time at home. He attempts to rest for the night; however, he awakens at irregular hours throughout the night due to pain. On weekends, the patient is assisted with activities of daily living. On mental status examination, he presented with a disheveled appearance. The patient appears to be in substantial pain; he frequently grimaced. He switched from standing to walking to sitting position, and paces at times. The patient appeared aggravated and anxious. He takes his prescribed medications when he feels very anxious. He talks about giving up and feelings of hopelessness, uselessness, worthlessness and helplessness. Activities are limited due to physical injury and requires assistance at all times. Statements are pessimistic, negativistic and at times destructive. Patient's insight is fair and judgment is poor. The treatment to date has included psychiatric hospitalization (3/7/13), psychotherapy, stress management, psychopharmacology management, and medications which include Remeron, Wellbutrin XL, Celexa, Ativan, Risperdal, and Levitra. A Utilization review from September 10, 2013 denied the request cognitive behavioral therapy in Spanish 1x week x 3 months = 12 because there is no objective evidence of functional improvement described which would be necessary to authorize further treatment, and denied the request for 24/7 home care aide because there is no indication that the claimant is "homebound."

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY IN SPANISH 1X WEEK X3 MONTHS - # 12:

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 Behavioral interventions Page(s): 23.

Decision rationale: As stated on page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, the Official Disability Guidelines states that an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) is recommended. In this case, cognitive behavioral therapy was requested to decrease his depression. The patient has previous psychotherapy session; however, the outcome is unknown due to lack of documentation. Moreover, the number of sessions requested exceeds guideline recommendation of 6-10 visits of individual sessions. Also, additional visits are recommended with evidence of functional improvement. Therefore the request for cognitive behavioral therapy in Spanish 1x week x 3 months = 12 is not medically necessary.

24/7 HOME CARE AIDE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES.

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

Decision rationale: As stated on page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound and services rendered are medical treatment which do not include homemaker and personal care services. In this case, the request was made to cure and relieve patient from the effects of his orthopedic injury. The services needed were not specified in the request. Therefore, request for 24/7 home care aide is not medically necessary.