

Case Number:	CM13-0049591		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2010
Decision Date:	02/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

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 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:

Claimant is a 55 year old female with date of injury 4/20/2010. Psychological treatment update dated 12/6/2013 reports that the claimant experienced increasing levels of pain throughout her body due to continuous, repetitive upper body movements in the course of her work, such as washing, scrubbing, carrying heavy objects, preparing food, shredding, meat slicing, cheese slicing, packaging, etc. She continues to experience severe levels of both anxiety and depressive symptoms. She is also experiencing significant chronic pain. She reports clinical depression, severe anxiety and almost total despair. She meets the diagnostic criteria for a Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. Psychological treatment update dated 10/10/2013 reports that on that the requesting provider reviewed the Qualified Medical Reevaluation dated 7/28/2013 that states the claimant may need a care provider from Monday to Friday, 8 a.m. to p.m to help her with personal care and light housekeeping that type of activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home services/care provider: 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 Section Page(s): 51.

Decision rationale: The requesting provider is making this request based off a QME report stating that the claimant may benefit from Monday through Friday 8 a.m. to 5 p.m. to help her with personal care and light housekeeping. Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009), home health services are "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)" There is no documented evidence that the claimant is housebound and needs assistance to complete activities of daily living. The QME report states that the claimant may benefit from other services that are instruments of daily living vice activities of daily living. There request is not for medical treatment. The request also exceeds the 35 hours per week limit that is generally suggested by these guidelines. The request for home services/ care provider M-F 8-5 is determined to not be medically necessary.