

Case Number:	CM13-0051207		
Date Assigned:	01/15/2014	Date of Injury:	03/20/2003
Decision Date:	08/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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:

The patient is a represented [REDACTED] employee who has filed a claim for major depressive disorder and psychosis reportedly associated with an industrial injury of March 20, 2003. In a Utilization Review Report dated November 14, 2013, the claims administrator partially certified a request for home health services, citing the Medicare Benefits Manual although the MTUS did, in fact, address the topic. The claims administrator stated that the attending provider had not outlined precisely why the patient was in need of such long-term home health care. The patient's attorney subsequently appealed. In a handwritten progress note of May 22, 2013, the patient apparently was described as having persistent complaints of knee pain. The patient felt hopeless, depressed, and had issues with suicidal ideation. The attending provider stated that the patient was a danger to herself. The patient was taken by ambulance to the Emergency Department. On May 24, 2013, the patient was admitted to an inpatient psychiatric facility. Klonopin and Risperdal were introduced. The patient was hearing voices and was overtly psychotic and depressed. The remainder of the file was surveyed. The bulk of the notes on file comprised of hospital notes in which the patient was observed in an inpatient setting owing to concerns of a possible suicide attempt. Home health services were apparently later sought through a supplemented report dated November 6, 2013, in which the patient's psychologist stated that the services to be included in the home health care request included personal hygiene care, showering, grooming, and administration of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 24/7 FOR 12 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICARE BENEFITS MANUAL, CHAPTER 7, HOME HEALTH SERVICES, SECTION 50.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 51, Home Health Services topic Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services such as showering, grooming, personal hygiene, and assistance with activities of daily living being sought by the treating provider are specifically not covered when they are the only services being sought. In this case, the patient is not seemingly receiving any specialized medical services. Provision of a home health aid solely for the purpose of facilitating performance of non-medical activities of daily living is not indicated, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.