

Case Number:	CM14-0000725		
Date Assigned:	01/10/2014	Date of Injury:	11/09/2004
Decision Date:	04/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

According to the medical records provided for this review, this patient is a 60 year old female with a date of injury of November 9, 2004. No information about the cause of her injury was provided. She has been diagnosed with major depressive disorder moderate to severe, and generalized anxiety disorder with panic and agoraphobia. She has a history of severe pain and currently has a non-healing foot fracture. She has been diagnosed with morbid obesity, bilateral foot pain, metatarsal fracture, complex regional pain syndrome in the left lower extremity, and fibromyalgia-type syndrome with evidence of a sleep disorder. She has a history of anxiety and depression with suicide attempts. She is under regular psychotherapy treatment by a Clinical Psychologist; the sessions are conducted on the telephone as the patient has difficulty getting to the office. She has been receiving regular home health care (unspecified type) for eight (8) hours per day, five (5) days a week, but not on the weekends. According to the patient she has been living mostly on [REDACTED] sandwiches and is having trouble getting food because she can't go grocery shopping herself. According to the patient, her home health care workers are not allowed to shop for food for her. The reasons why she cannot do any light grocery shopping were not detailed. A request for meal-plan delivery was made by her treating Psychologist and was non-certified. This independent medical review will address a request to overturn the denial of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEAL PLAN TO BE DELIVERED TO HOME: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 445 and 456, Chronic Pain Treatment Guidelines Home health care Page(s): 51.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the physician should encourage patients to enhance their coping skills and decrease excessive intake of things like nicotine alcohol and high fat foods, while increasing carbohydrates, and "excessive food intake." There is no mention of using a meal-delivery service as a medical intervention. The Chronic Pain Guidelines indicate that Home Health Services are recommended "...on a part-time or "intermittent" basis...Medical treatment does not include homemaker services like shopping, cleaning, and laundry..." The medical records provided for review indicate that simple meals are currently being prepared for the patient by her home care providers on a daily basis, five (5) days a week. Her treating Psychologist states that the reason for her needing the meal delivery service in addition to the eight (8) hours a day and five (5) days a week of home health care she has already received is because "she is incapable of shopping, caretaking has been inconsistent, and at least one of her caretakers cannot cook." The reason she is "incapable of shopping" is not specified, but the records mention that she is able to go buy a [REDACTED] sandwich, which involves very similar behaviors as picking up a few items at the store (most of which do offer pre-made meals). The decision of non-certification for meal delivery is upheld.