MAXIMUS Federal Services

Case Number:	CM14-0110638		
Date Assigned:	08/01/2014	Date of Injury:	11/28/2006
Decision Date:	10/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 51 year old male whose date of injury is 11/28/2006. Note dated 06/19/14 indicates that the patient suffers from post-traumatic stress disorder with suicidal ideation and psychotic features with severe flashbacks, panic attacks, headaches, concentration and memory impairments and chronic pain throughout his body due to the gunpoint robbery at his workplace on the date of injury. He was recommended to have an LVN to restrain him if needed. Skilled home care is recommended to help with activities such as shopping, meal preparation, financial management, psychotropic/pain management medication treatment compliance, arrange transportation to all medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 homecare by a skilled LVN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health service Page(s): 51.

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

Decision rationale: Based on the clinical information provided, the request for 24/7 home care by a skilled LVN is not recommended as medically necessary. The submitted records fail to

establish that the injured worker is home bound on a part time or intermittent basis as required by California Medical Treatment Utilization Schedule (MTUS) guidelines for home health services. The injured worker has been recommended to be provided home care to help restrain him if needed and to help with shopping, meal preparation and financial management. California MTUS guidelines would support home health services only for otherwise recommended medical treatment. The home health provider is not providing medical treatment which makes the medical necessity non established.