

Case Number:	CM14-0111858		
Date Assigned:	08/01/2014	Date of Injury:	01/22/2000
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder and post-concussion syndrome reportedly associated with an industrial contusion injury of January 22, 2000. Thus far, the applicant has been treated with the following: Various psychotropic medications; electroconvulsive therapy (ETT); transfer of care to and from various providers in various specialties; multiple psychiatric hospitalizations; and extensive periods of time off of work. In a Utilization Review Report dated June 22, 2014, the claims administrator denied a request for 24-7 home health care, to be performed by the applicant's wife and daughter, for three months. The claims administrator stated that even the agreed medical evaluator had declined to endorse this request. The applicant's attorney subsequently appealed. In a case management note dated June 24, 2014, the applicant's nurse case manager noted that the applicant had had 10 psychiatric hospitalizations in 2002, for repeat episodes of suicidal ideation. The applicant was on Desyrel, Abilify, and Celexa, it was noted, and was receiving both group and individual cognitive behavioral therapy on a twice monthly basis, it was further noted. In a handwritten note dated June 23, 2014, somewhat blurred as a result of repetitive photocopying, the applicant presented with ongoing issues of depression and anxiety. Trazodone and mirtazapine were apparently prescribed. A 24-7 home health care to be provided by the applicant's family members to assist with activities of daily living was sought. The applicant was described as "100% disabled." It was acknowledged that the home health services were to be performed for the purpose of assistance with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 care by wife and daughter daily for 3 months: 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 Page(s): 51.

Decision rationale: The attending provider has indicated that these services represent delivery of homemaker services or assistance with activities of daily living. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, such services are specifically not covered when they are the only service being sought. In this case, there is no evidence that the applicant is concurrently receiving any other medical service on a home basis. Therefore, the 24-7 care by the applicant's wife and daughter for the next three months is not medically necessary.