

<b>Case Number:</b>	CM14-0112789		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/03/1997
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2014

### 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 Injured worker has filed a claim for chronic posttraumatic headaches, psychological stress, and depression reportedly associated with an industrial injury of November 3, 1997. Thus far, the applicant has been treated with the following, psychological counseling, psychotropic medications, sleep aid, and home care attendant. In a Utilization Review Report dated July 3, 2014, the claims administrator denied a request for a 24-hour care attendant. The applicant's attorney subsequently appealed. In a July 29, 2014 letter, the applicant's neurologist noted that the applicant had issues with severe head trauma following an industrial assault injury. The applicant had chronic posttraumatic encephalopathy. The applicant's mother was apparently taking care of him on a day-to-day basis. The applicant had issues with anxiety, restlessness, instability, and falling, which were attended to by the applicant's mother. The applicant still had issues with anger, frustration, and outburst, apparently mitigated by his mother. In a June 6, 2013 progress note, the applicant's neurologist did acknowledge that the applicant had mild cognitive impairment, chronic mood disorder, and issues with anxiety, delusions, paranoia, and psychosis from time to time. The applicant was walking his dog for exercise. The applicant was caring for his dog. The applicant was playing guitar and drums. The applicant was sleeping well on Klonopin, it was acknowledged. The applicant's mother was assisting him with activities of daily living such as driving and cooking, it was stated. On June 18, 2014, the applicant and his mother reported that the applicant had issues with frustration and anger owing to medication denials. The applicant's mother was monitoring him throughout the day. The applicant was living at home. 24-hour home health services were sought. The applicant's medication list included Klonopin, Desyrel, and Ambien.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HOME HEALTHCARE SERVICES 24-HOUR CARE ATTENDANT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTHCARE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51,.

**Decision rationale:** The attending provider has suggested that the services in question represent homemaker services, such as cooking, cleaning, and driving to and from appointments. Per the page 51 of the MTUS Chronic Pain Medical Treatment Guidelines Such services are not considered a medical treatment therefore this request is not medically necessary.