

Case Number:	CM14-0175189		
Date Assigned:	10/28/2014	Date of Injury:	05/12/1995
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 represented [REDACTED] employee who has filed a claim for major depressive disorder, generalized anxiety disorder and posttraumatic stress disorder reportedly associated with an industrial injury of May 12, 1995. Thus far, the applicant has been treated with the following: Psychotropic medications; anxiolytic medications; unspecified amounts of psychotherapy; and home health services. In a Utilization Review Report dated September 25, 2014, the claims administrator denied a request for home health services. The claims administrator did not incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. In an August 13, 2014, Request for Authorization (RFA) form, authorization was sought for psychotherapy at a rate of once to twice weekly for eight weeks for a total of 16 sessions and home health care at a rate of 24 hours a day, seven days a week. In an August 22, 2014, home health services form, the home health aide stated that the applicant was receiving home health services for preparing meals, serving meals, cleaning the applicant's home, performing laundry and giving the applicant's reminders on when to take medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care aid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 are recommended only to deliver otherwise recommended medical treatment in applicants who are home bound. In this case, there is no evidence that the applicant is home bound. It is further noted that page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that homemaker services such as laundry, meal preparation, and household cleaning being sought here do not constitute medical treatment when sought as stand-alone services. Therefore, the request is not medically necessary.