

Case Number:	CM14-0020664		
Date Assigned:	04/30/2014	Date of Injury:	05/14/2004
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 Psychiatry, and is licensed to practice in Illinois and Wisconsin. 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:

This is a 54 year old male who is status post a right upper extremity amputation following a work-related injury in May 2014. The patient has a diagnosis of depressive disorder not otherwise specified and dementia related to loss of consciousness secondary to the above referenced work injury. His score on the minimal state was noted to be 19/30. The patient is noted to wander, show poor hygiene, and engage in inappropriate behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPERVISION AND MONITORING 24/7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions and Treatments Page(s): 51.

Decision rationale: The above state that home health services are Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care

needed. The patient is not housebound, appears to have dementia related to his accident and is in need of custodial care. It appears that the requested service is for this purpose and 24/7 is not consistent with the above guideline.

INPATIENT [REDACTED] PROGRAM AT [REDACTED] 5 DAYS A WEEK, HOME ON WEEKENDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice Guidelines for the Treatment of Patients with Major Depressive Disorders, Third Edition, APA, November 1 2010.

Decision rationale: The records indicate the presence of dementia related to the trauma as supported by the low score on the minimal state. However there is no real evidence of psychiatric illness; the patient's condition appears to be neurological. There is no indication that he is on psychotropic medications or in need of inpatient psychiatric services. A less intensive level of care does not appear to have been attempted and there is no indication of suicidal or homicidal ideation. The above cited guideline and current practice standard indicate that patients should be treated in the least restrictive setting which is likely to be safe and effective. There is no indication in the records that the patient could not be reasonably safely and effectively managed on an ambulatory basis. As such the requested inpatient services are not indicated from a psychiatric standpoint according to current clinical research, evidence based practice standards and expert consensus. As such, the request is not medically necessary.