

Case Number:	CM14-0024873		
Date Assigned:	06/13/2014	Date of Injury:	12/05/2003
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation; 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 41 year old female whose date of injury is 12/05/2003. On this date the mechanism of injury is described as a slip and fall on a wet floor. Treatment to date includes right knee surgery. Progress report dated 02/27/14 indicates that the injured worker was recently hospitalized secondary to ongoing suicidal ideation. The injured worker was released on 02/26/14 and recommended for daily monitoring after her release. Her daughter was providing her with 24/7 home care. It is reported that the injured worker has a history of schizophrenia paranoid type and alcohol abuse. She currently denies suicidal/homicidal ideation and was able to provide plans for her own self-care.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 HOME CARE ASSISTANCE BY A PSYCH TECH OR LVN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

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 assistance is not recommended as medically necessary. California Medical Treatment Utilization

Schedule Guidelines (CA MTUS) guidelines support home health services for injured workers who are homebound on a part-time or intermittent basis. The submitted records fail to establish that this injured worker is homebound on a part-time or intermittent basis. The submitted records indicate that as of February 2014 the injured worker's daughter was providing 24/7 home care. The medical treatment to be provided is not documented.