

Case Number:	CM14-0067902		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2003
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 Preventive 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:

According to the records made available for review, this is a 56-year-old male with a 3/14/03 date of injury. At the time (4/28/14) of request for authorization for 24/7 Home care with a Psych Technician of [REDACTED], there is documentation of subjective (pain in both knees, difficulty standing and walking, significantly limited activities of daily living due to pain; moderate to severe low back pain; ambulates with a cane; right shoulder pain; anxiety and depression) and objective (lumbar spine tenderness, restricted range of motion, positive straight leg raise, decreased sensation in the right L5 and S1 nerve root distributions; bilateral knee swelling, tenderness to palpation, positive Apley, patella grind, and inhibition test bilaterally, limited range of motion; right shoulder tenderness, and positive impingement). Findings, current diagnoses are major depressive disorder, single episode, severe without psychotic features. The treatment to date is physical therapy, activity modification, cortisone injections, psychological counseling, and medications. There is no documentation that the patient requires recommended medical treatment and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 Home care with a Psych Technician of [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.oddg-twc.com-Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of major depressive disorder, single episode, severe without psychotic features. However, there is no documentation that the patient requires recommended medical treatment and the patient is homebound on a part-time or intermittent basis. In addition, given that the request is for 24/7 Home care, the proposed number of hours exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 24/7 Home care with a Psych Technician of [REDACTED] is not medically necessary.