

<b>Case Number:</b>	CM14-0086660		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/04/2001
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Family 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 patient is a 52 year-old woman who was injured at work on 9/4/2001. The records do not describe the nature of this injury. She is requesting review of a denial for the following services: "A Home Health Nurse Case Manager for care and monitoring, 24 hours per day, 7 days per week, no end noted for asthma/fumes injury." Medical records are notable for a summary letter dated 5/16/2014 from [REDACTED] to the Workers' Compensation Claims Examiner. This note describes twenty-eight different diagnoses which include a number of psychiatric diagnoses (e.g. Delusional Parasitosis, Conversion Disorder, Somatic Symptom Disorder, Histrionic Traits, Unspecified Substance Disorder, and Pseudoseizures), as well as a variety of chronic pain syndromes (e.g. Chronic Pain State/right shoulder, upper extremity and neck, Fibromyalgia, Chronic Headaches/Mixed Type). The note states that the patient demonstrates impaired judgement and cannot care for herself or perform activities of daily living. A home visit was conducted and included observations that the home was clean and free of clutter, that the patient was well groomed and had access to food, medications and a bed. Transportation to her medical appointments was available as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Seven home health nurse case manager for care and monitoring, 24 hours per day, 7 days per week, no end noted for asthma/fumes injury as outpatient.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines 9792.91(k).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines X Home Health Services, Page 51 Page(s): 51. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Pulmonary (Acute and Chronic).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines, comment on the use of Home Health Services. These guidelines state: "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. (CMS, 2004)The medical records indicate that the patient is not homebound. The request does not include a specific medical treatment for which these services are needed. In addition, the time requirements for the request exceed the limitations of the guidelines. Specifically, the request is for 24 hours a day, 7 days per week, which is over the stated 35 hours per week. The request for services includes comment that this is for "asthma/fumes injury." In reviewing the medical records, there is no evidence of ongoing respiratory problems for this patient. There are no reports of symptoms or signs of pulmonary compromise in this patient or treatments that are required for the specific acute or chronic pulmonary diagnoses as reported in the Official Disability Guidelines/Pulmonary Section. In summary, the MTUS guidelines do not support the use of the requested Home Health Nurse/Case Manager services and therefore is not considered as medically necessary.