

<b>Case Number:</b>	CM14-0203575		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	07/29/1999
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Emergency 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 injured worker is a 70 year-old female, who sustained an injury on July 29, 1999. The mechanism of injury occurred from catching a falling patient. Treatments have included: medications, physical therapy, viscosupplementation, psych treatments. The current diagnoses are: bilateral shoulder impingement syndrome, left knee osteoarthritis. The stated purpose of the request for Home modification was not noted. The request for Home modification was denied on November 12, 2014, citing a lack of documentation of the specific home modifications being requested. The stated purpose of the request for Home care assistant was not noted. The request for Home care assistant was denied on November 12, 2014, citing a lack of documentation of the specific home care assistance being requested. The stated purpose of the request for Child care was not noted. The request for Child care was denied on November 12, 2014, citing a lack of documentation of guideline support for home care services. The stated purpose of the request for Supportive psychiatric treatment was not noted. The request for Supportive psychiatric treatment was denied on November 12, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Dental treatment was per AME recommendations. The request for Dental treatment was modified for a dental consult/evaluation only on November 12, 2014. Per the report dated September 24, 2014, the treating physician noted that the above requests were necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home modification:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex regional pain syndrome Page(s): 40.

**Decision rationale:** The requested Home modification, is not medically necessary. CA MTUS Chronic Pain Guidelines, Page 40, Complex regional pain syndrome, does recommend "modification at home or work." However, the treating physician has not documented the specific aspects of home modification that are being requested. The criteria noted above not having been met, Home modification is not medically necessary.

**Home care assistant:** 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 Page(s): 51.

**Decision rationale:** The requested Home care assistant, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note 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 treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Home care assistant is not medically necessary.

**Child care:** Upheld

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

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

**Decision rationale:** The requested Child care, is not medically necessary. CA MTUS and ODG are silent on child care, but in regards to homecare assistance, CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note 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 treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, Child care is not medically necessary.

**Supportive psychiatric treatment:** 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 Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines.

**Decision rationale:** The requested Supportive psychiatric treatment:, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically-identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines recommend continued psychotherapy beyond a six visit trial with documented derived functional improvement. The treating physician has not documented objective evidence of derived functional improvement from completed psychotherapy sessions. The criteria noted above not having been met, Supportive psychiatric treatment: is not medically necessary.

**Dental treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2004, Chapter 5, Cornerstones of Disability Prevention and Management, Referrals, Page 92.

**Decision rationale:** The requested Dental treatment, is not medically necessary. ACOEM, 2004, Chapter 5, Cornerstones of Disability Prevention and Management, Referrals, Page 92, recommend referrals for specifically identified medical needs. The treating physician has not documented the medical necessity for unspecified dental treatment, without first obtaining a dental evaluation to assess any applicable recommendations. The criteria noted above not having been met, Dental treatment is not medically necessary.