

Case Number:	CM15-0103033		
Date Assigned:	06/05/2015	Date of Injury:	05/11/2005
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 55 year old female, who sustained an industrial injury on 05/11/2005. She reported pain to her arms, feet, shoulders, and neck as a result of repetitive work. In addition, the injured worker stated that in response to her industrial related orthopedic pain, she developed emotional stressors, which led to teeth clenching. The injured worker is currently unable to work. The injured worker is currently diagnosed as having bilateral upper extremity pain chronic regional pain syndrome type, anxiety, depression, chronic mixed headaches, sleep disorder, bilateral temporomandibular joint dysfunction, irritable bowel syndrome, gastroesophageal reflux disease, chronic bilateral feet pain, xerostomia, hypothyroidism, and dysphagia. Treatment and diagnostics to date has included psychotherapy, dental visits, and medications. In a progress note dated 02/20/2015, the injured worker presented with complaints of jaw joint pain and dry mouth. Physical examination was unremarkable. The treating physician reported requesting authorization for continued Licensed Vocational Nurse care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LVN care to assess psychological and mental status, vital signs, administer medications, suicide precaution, medical appointment, pain management 12 hours per day 7 days per week for 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health care.

Decision rationale: Pursuant to the Official Disability Guidelines, LVN care to assess psychological and mental status, vital signs, administration of medications, suicide precautions, medical appointments, pain management 12 hours per day for seven days a week for 90 days is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization or to provide longer term nursing care and supportive services for those whose condition is such that they would otherwise require inpatient care. Home healthcare is the provision of medical and other health care services to the injured party at their place of residence. These services include both medical and nonmedical services for patients who are confined to the home and who require: skilled care by a licensed medical professional; and or personal care services for health-related tasks such as bowel and bladder care feeding, bathing etc. Domestic services such as shopping, cleaning and laundry that the individual is no longer capable of performing due to illness or injury may be medically necessary. Justification for medical necessity of home health services required documentation of the medical condition including objective deficits; expected kinds of services that with an estimate of the duration and frequency; the level of expertise and professional qualification or licensure; etc. In this case, the injured worker's working diagnoses are RSD; mitral valve disorder; recurrent severe depression, anxiety state not otherwise specified; and psychogenic pain. The injured worker takes amphetamine salts, sertraline, levothyroxine, LINZESS, tramadol ER, pantoprazole, built a safe, Lidoderm patches and pilocarpine, ranitidine, probiotics, acyclovir and Lyrica. The documentation indicates the injured worker is impaired by chronic pain and endurance. The injured worker ambulates with the cane. The documentation indicates the injured worker has been receiving home care services for prolonged period. The utilization review and modify the request from 12 hours a day, 7 days a week for 90 days to 7 hours a day, 5 days a week for 90 days. The documentation indicates the injured worker also has companion care. The guidelines are very clear in that home care services are recommended on a short-term basis when the injured worker is confined to the home. There is no clinical indication for home healthcare services in this injured worker. She ambulates with a cane. Additionally, the injured worker's husband lives with the injured worker. According to a progress note dated April 14, 2015, the injured worker has multiple subjective complaints including diarrhea, difficulty swallowing, nausea, headaches, tightening in the neck, pain in the arms and hands and hips, is very fatigued, so a psychologist a few weeks ago, received an ultrasound of the neck that was apparently normal, weight is about the same, take the medications faithfully and as directed. Objectively, the injured worker's vital signs are normal and physical examination enumerated in the progress note does not contain any abnormalities with a normal neurologic evaluation and mentation that is grossly normal. Consequently, absent clinical documentation with a clinical indication and rationale for home healthcare services based on the subjective complaints and objective clinical findings with an ambulatory injured worker, LVN care to assess psychological and mental status, vital signs, administration of medications, suicide precautions, medical

appointments, pain management 12 hours per day for seven days a week for 90 days is not medically necessary.