

<b>Case Number:</b>	CM15-0130944		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/25/2001
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male, who sustained an industrial injury on 10/25/2011. The injured worker was diagnosed as having major depressive affective disorder, single episode, severe, specified as with psychotic behavior, psychotic disorder with delusions in conditions classified elsewhere, and cognitive disorder. His medical history was notable for hypertension, diabetes, and respiratory failure. Treatment to date has included diagnostics, hospitalization, oxygen, bilevel positive airway pressure, mental health treatment, and medications. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of unchanged symptoms since last visit. Beck Depression Inventory score was 47 and Beck Anxiety score was 52. He continued with severe depression and fear of pulmonary episode requiring hospitalization. His family was attending to him at present. His work status was "100% disabled". The treatment plan included supervised care (24/7) for one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supervised care 24 hours a day 7 days a week for 1 month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127.

**Decision rationale:** This claimant was injured about 4 years ago, and by report had a single episode, major depressive affective disorder with psychotic behavior, a cognitive disorder, hypertension, diabetes, and respiratory failure. Several documents within the submitted medical records were difficult to decipher. The symptoms remain unchanged. He continued with severe depression and fear of a pulmonary episode requiring hospitalization. His family was attending to him at present. His work status was reportedly "100% disabled". The reason for supervised care, and what clinical care would actually be rendered, is not stated. Regarding home health care services, the evidence-based guides note that is 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. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that 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) In this case, it is not specified what would require an extraordinary measure of 24 hour a day observation, and if needed, what has changed such that the family can no longer provide it. As presented in the records, the evidence-based MTUS criteria for home health services would not be supported and was not medically necessary.