

<b>Case Number:</b>	CM15-0131384		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/03/2000
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/09/2015
<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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male, who sustained an industrial injury on 2/3/00. The injured worker has complaints of left shoulder pain with pain and numbness of his hands and fingers. The documentation noted that the injured worker appeared to be visibly depressed and physically fatigued and he reports that he feels like a burden to family members. The diagnoses have included pain in joint or hand; posttraumatic stress disorder and major depressive disorder. Treatment to date has included psychotherapy; psychopharmacology and cognitive behavioral therapy. The request was for one home care 24 hours per day, 7 days per week by a psych tech or skilled licensed vocational nurse for depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One home care 24 hrs per day, 7 days per week by a psych tech or skilled LVN for depressive disorder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** MTUS recommends home health services for patients who are homebound up to no more than 35 hours per week. The current request very substantially exceeds this guideline without clarification as to why an exception would be indicated. This request is not medically necessary.