

Case Number:	CM15-0148548		
Date Assigned:	08/11/2015	Date of Injury:	11/07/1991
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female, who sustained an industrial injury on 11-07-1991. On provider visit dated 06-24-2015 the injured worker has reported depression, anxiety, diminished energy, impaired concentration, impaired memory, low self-esteem, sleep disturbance and social withdrawal. On objective findings the injured workers was noted as anxious, depressed and having physical discomfort. The diagnoses have included major depressive disorder; pain disorder associated with psych and general medication condition and cognitive disorder NOS. Treatment to date has included medication and home health care. Work status was noted as 100% disabled. The provider requested 24-7 home health care (2 months) and heater pool; therapy 3 times a week for 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 Home Health Care (2 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 1991 and continues to be treated for major depressive disorder, chronic pain, and cognitive dysfunction. The claimant is reported to be unable to manage her medications due to cognitive impairment. For this reason she is receiving home health care services she underwent vaginal wall reconstructive surgery for prolapse in June 2015. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant's medication administration does not require 24 hours continuous home care services. Use of a pill box and other compensatory strategies would be expected to meet her needs. The requested home health care services are not medically necessary.

Heater Pool therapy 3 times a week for 2 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical Medicine Treatment. (2) Preface, Physical Therapy Guidelines and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 87.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1991 and continues to be treated for major depressive disorder, chronic pain, and cognitive dysfunction. The claimant is reported to be unable to manage her medications due to cognitive impairment. For this reason she is receiving home health care services she underwent vaginal wall reconstructive surgery for prolapse in June 2015. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, there is no identified co-morbid condition that would be expected to limit the claimant's ability to participate in conventional land-based physical therapy. The request is not medically necessary.