

<b>Case Number:</b>	CM15-0168783		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/05/2005
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on 8-5-05. The injured worker has complaints of sleep is on and off and had some neck pain recently with feelings of hopeless, helpless, anhedonic, amotivated, depressed, flat, poor energy and concentration. The documentation noted on 6-5-15 the injured worker mental status examination revealed she was very flat, depressed, but less anxious not tearful this day. The injured worker would like in-home help in order to help her get ready to go to places, not make mistakes while at grocery store, et cetera and only wants her husband to be in-home help because she feels most comfortable with him there. The diagnoses have included major depression. Treatment to date has included klonopin; Cymbalta and Wellbutrin. The injured worker noted on 6-5-15 that klonopin was used a lot this month because of lots of activities at kids schools it helps relax her a little bit. The original utilization review (7-30-15) certified a request for six additional medication management sessions finding it medically necessary and the original request for in home support services was non-certified finding it not medically necessary nor appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home support services:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** According to the MTUS guidelines: 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. In this case, the request for home help is for groceries and going places. This is not supported by the guidelines and is not medically necessary.