MAXIMUS Federal Services

Case Number:	CM15-0196531		
Date Assigned:	10/12/2015	Date of Injury:	08/05/2005
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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
Certification(s)/Specialty: Emergency 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 33-year-old female, with a reported date of injury of 08-05-2005. The diagnoses include major depression and mood disorder due to general medical condition. Treatments and evaluation to date have included Wellbutrin XL, Cymbalta, Klonopin, Inderal, Prilosec, and psycho education and supportive therapy (adequate response). The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-28-2015 indicates that the injured worker stated that she had a hard time with social interactions with others without the use of Inderal. She denied significant nightmares or middle awakenings. The injured worker had some problems with initially falling asleep. The injured worker stated that she had "scarier moods" because she was afraid of social interactions with fellow parents at her kids' school. She took and picked-up her kids from school during the weekdays. The objective findings include alert and oriented; proper engagement with office staff in normal conversation; cooperative; normal to poor eye contact; regular rate and rhythm speech; depressed, flat, and listless "as usual"; no psychomotor agitation; goal directed thought process; no suicidal or homicidal thoughts; limited insight; limited judgment; grossly intact cognition; and not psychotic or manic. The treatment plan included re-evaluation for in-home support services. It was noted that the injured worker's husband is a full-time caregiver for her essentially. The injured worker's work status was permanent and stationary (Psych). The treating physician requested re-evaluation in home support services. On 09-09-2015, Utilization Review (UR) non- certified the request for re-evaluation in home support services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation for In-Home Support Services: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health Services.

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

Decision rationale: As per MTUS chronic pain guidelines, home health aide/services may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aide or what specific home medical treatment was needed. The request is not medically necessary.