

<b>Case Number:</b>	CM15-0035352		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/28/2006
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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 52-year-old male who sustained an industrial injury on 11/28/06. The injured worker reported emotional symptoms. The diagnoses included post-traumatic stress disorder and major depressive disorder. Treatments to date include psychotherapy, and oral benzodiazepine. In a progress note dated 12/10/14 the treating provider reports the injured worker was "worry and nervousness associated with frequent thoughts regarding his future...fear and panic." On 1/30/15 Utilization Review non-certified the request for 24/7 Homecare by skilled Licensed Vocational Nurse. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24/7 Homecare by skilled LVN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

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

**Decision rationale:** According to the 12/10/2014 progress report, this patient presents with "irregular sleep pattern." The patient also reported "fear and panic for his life since his industrial Injury." The current request is for 24/7 Homecare by skilled LVN. The request for authorization is 12/18/2014. The patient's work status is remaining off work until 02/02/2015. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. Review of the provided reports show no documentation of why the patient is unable to perform self-care. The patient is not home bound. No neurologic and physical deficits are documented on examination and diagnosis other than chronic pain. Without adequate diagnostic support for the needed self-care such as loss of function of a limb or mobility, the requested home health care would not be indicated. In addition, the treating physician does not provide medical rationale for the request; the treatment plan simply states, "The patient is in need of 24/7-homecare by a skilled LVN and transportation to all medical appointments." The request IS NOT medically necessary.