

Case Number:	CM15-0045654		
Date Assigned:	03/18/2015	Date of Injury:	05/11/2005
Decision Date:	05/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 54-year-old female who reported injury on 05/11/2005. The mechanism of injury was cumulative trauma. The injured worker was noted to be certified for LVN care 12 hours per day, 5 days per week for 90 days on 06/26/2014 and again on 08/25/2014. There was a Request for Authorization submitted for review dated 11/14/2014 for LVN care 12 hours per day 5 days per week x 90 days. The diagnoses included chronic pain, insomnia, difficulty walking, GERD, migraine, and constipation. The treatment included vital signs, administering medications, suicide precautions, medical appointments, and pain management. Additional diagnosis included reflex sympathetic dystrophy and depression, anxiety, and panic disorder. The cumulative nurse's notes indicated the nurse would arrive at the injured worker's home, and the injured worker was sitting in the living room with no apparent distress. The nurse fixed lunch, gave medications, prepared dinner, gave medications, and took vital signs. The LVN was noted to run errands with the injured worker. The injured worker underwent psychological treatment. Prior surgical history included carpal tunnel release on the right and the left. The injured worker had an open right carpal tunnel release with microscopic median nerve neurolysis and release of the ulnar nerve in the Guyon's canal in the right wrist on 11/29/2014. The injured worker underwent a right cubital tunnel release with anterior subcutaneous transposition on 10/24/2006. There was a Request for Authorization for LVN care 12 hours per day 7 days a week x 90 days on 02/02/2015. The documentation indicated the request was made to assess the injured worker's psychological and mental stability and wellbeing, and assess vital signs, administer medications, assist with scheduling medical appointments, assess the injured worker's

nutritional and clinical status and pain management, as well as companion care 4 hours per day 3 days per week to assist with housekeeping, laundry, and cleaning. The injured worker's medications included probiotic capsules 1 capsule in the morning, acyclovir 400 mg 1 tablet twice a day, Lyrica 300 mg 1 tablet twice a day, Gas-X1 tablet twice a day, tramadol 50 mg 1 in the late afternoon, amphetamine salts ER 25 mg 1 in the morning at 7, amphetamine salts 10 mg 1 at noon, amphetamine salts 10 mg 1 at 6:00 p.m., sertraline 100 mg 1 tablet daily, levothyroxine 85 mcg 1 tablet daily on an empty stomach, Linzess 290 mcg PO 1 in the morning, and Centrum silver. The documentation further indicated the injured worker needed moderate to maximum assistance with all activities of daily living and household needs. Additionally, it indicated that LVN care must be increased to 12 hours per day x 7 days per week due to the fact that the injured worker was at home on weekends and was working full time in his office in the garage. The injured worker's husband was not able to care for her and give her the attention she needed. Additionally, the documentation indicated that the injured worker's husband texted her when the medications were due, but he was not there to supervise the administration of the medications; and if the injured worker took medication on her own, she would immediately forget and had accidentally taken an overdose, which could have led to a bad outcome. Additionally, it indicated if he texts her and she is distracted, the injured worker fails to take her medications at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

LVN care 12 hours/day 7 days a week times 90 days to assess patient's psychological and mental status: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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. The clinical documentation submitted for review indicated the injured worker was generally at home. However, the documentation failed to indicate that the injured worker was in need of 90 hours of care weekly. There was a lack of documentation indicating the injured worker was in need of psychological evaluation and mental status x 12 hours per day as it was indicated that the injured worker would have breakfast prior to the LVN's arrival and would have taken her medications. There was a lack of documentation indicating that the injured worker had a medical condition that supported the necessity for multiple vital sign readings. 90 days of treatment would be excessive. There was a lack of documentation indicating the injured worker was making forward progress with treatment. The injured worker had utilized the LVN service for an extended duration of time and the documentation failed to provide forward progress. Given the

above, the request for LVN care 12 hours/day 7 days a week times 90 days to assess patient's psychological and mental status is not medically necessary.

Companion care for housekeeping assistance 4 hours/day times 3 days/week times 90 days:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 206, 91.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or "intermittent" medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. The clinical documentation submitted for review indicated the injured worker had difficulty performing homemaker services. However, there was a lack of documentation to support the necessity for both an LVN and a companion care. The request for 90 days is excessive. Additionally, the request for companion care would not be supported, as it is not supported per the referenced guidelines. Given the above, the request for companion care for housekeeping assistance 4 hours/day times 3 days/week times 90 days is not medically necessary.