

Case Number:	CM15-0051359		
Date Assigned:	03/24/2015	Date of Injury:	07/26/2003
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on 7/26/03. The injured worker has complaints of increased pain levels with experiencing auditory and visual hallucinations. The PR2 dated 12/30/14 noted that the injured worker continued to struggle with coping with the emotional stress from his physical back and neck pain. The documentation noted that he presented in a distress state, he had shifted position in his seat frequently to relieve discomfort and was exhibiting difficulty with memory and concentration. He ambulates with a cane. The diagnoses have included major depressive disorder and pain disorder associated. The documentation on September 24, 2014 noted that the injured worker was in need of homecare as he continued to suffer from severe physical and psychological symptoms that require assistance. In-home skilled nursing will provide intervention to restrain the patient from any potential demonstration of violent or suicidal behaviors and that he would benefit from additional hours of in-home skilled nursing care to keep track of a safe environmental and/or stressors in and out of the home. The requested treatment is for home care by a skilled LVN, seven days weekly for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care by a skilled LVN, seven days weekly for six months: 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 9792
Page(s): 51.

Decision rationale: Per MTUS: Home health services, 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. (CMS, 2004) Per review of the medical documentation provided, there is no clear indication for why this patient would require Home health care with skilled nursing. The duration of requested service would be excessive of the recommended guidelines. This is not medically necessary.