

Case Number:	CM15-0088300		
Date Assigned:	05/12/2015	Date of Injury:	05/11/2005
Decision Date:	06/18/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/07/2015

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:

This 54 year old woman sustained an industrial injury on 5/11/2005. The mechanism of injury is not detailed. Diagnoses include chronic regional pain syndrome type I bilateral upper extremities, anxiety with likely panic attacks, depression, chronic mixed headaches, sleep disorder, and bilateral temporomandibular joint dysfunction. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 2/20/2015 show complaints of continued jaw joint pain and sinus infection. Recommendations include continue home health care LVN, housekeeping help, Adderall, Senna, Zolpidem, Tramadol, nap each afternoon, Docusate, Pantoprazole, Linzess, Simethicone, Levothyroxine, Sertraline, Ranitidine, Lyrica, Relpax, Centrum Silver, Acyclovir, Fish oil/Omega 3, Probiotics, Pilocarpine, Lidoderm patch, and follow up in six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LVN 12 hours per day/7 days per week times 90 days to assess psychological and mental status: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The patient presents with jaw joint pain. The request is for LVN 12 HOURS PER DAY / 7DAYS PER WEEK TIMES 90 DAYS TO ASSESS PSYCHOLOGICAL AND MENTAL STATUS. The request for authorization is dated 04/06/14. Patient is still receiving psychotherapy with very good benefit. Developed a sinus infection. Saw dentist, who fashioned an appliance, but it doesn't fit properly. No chest pain, dyspnea, cardiac palpitations, dizziness or syncope. Except for dry mouth no main adverse reaction to medication. Doing better emotionally overall. Per progress report dated 02/20/15, the patient is unable to work. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Treater does not discuss the request. Per progress report dated 02/20/15, treatment plan simply states, "Continue home health care LVN as is 12hrs/day, 7 days/week on addition needs housekeeping help 4hrs, 3 days/week." However, there is no documentation as to why the patient is unable to perform self-care and it does not appear the patient is home bound. Without adequate diagnostic support for the needed self-care such as loss of function of a limb or mobility, the request for home health care would not be indicated. MTUS guidelines are clear that home health care is for medical treatment only and does not include homemaker services. There is no documentation found in the reports provided that the patient requires medical treatment at home. Furthermore, the request for 12hrs/day, 7 days/week would exceed MTUS recommendation of no more than 35 hours per week. Therefore, the request IS NOT medically necessary.