

Case Number:	CM14-0132840		
Date Assigned:	08/22/2014	Date of Injury:	11/28/2006
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 51 year-old male (██████████) with a date of injury of 11/28/06. The claimant sustained injury to his psyche when he was robbed at gunpoint and brutally beaten while working as a mailer/packer for ██████████. In her "Utilization Review Appeal Report" dated 6/19/14, ██████████ diagnosed the claimant with Posttraumatic Stress Disorder with Suicidal Ideation and Psychotic Features. He has been treated over the years for his psychiatric issues with hospitalizations, individual and group psychotherapy, and psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home care by skilled LVN (Licensed Vocational Nurse), 24 hours a day, 7 days a week for 3 to 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

Decision rationale: The California MTUS guideline regarding home health care will be used as reference for this case. Based on the review of the medical records submitted, the claimant

continues to experience chronic symptoms of PTSD related to the robbery at gun point from November 2006. He has received extensive psychological and medication management services over the years and has been hospitalized several times due to suicidal ideation and/or suicide attempts. Although the claimant has been treating with [REDACTED] for some time, there were few psychological records/reports submitted for review. Without substantial information about prior treatment, it is unclear how the claimant's symptoms have been treated, how the treatment plan has evolved to manage the chronicity of the symptoms, what treatment interventions have been utilized, etc. Additionally, the information submitted for review fails to substantiate the need for 24/7 home care. As a result, the request for Home care by skilled LVN (Licensed Vocational Nurse), 24 hours a day, 7 days a week for 3 to 6 weeks is not medically necessary.