

Case Number:	CM15-0125027		
Date Assigned:	08/17/2015	Date of Injury:	09/15/1999
Decision Date:	09/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/29/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on 9-15-1999. The mechanism of injury is unknown. The injured worker was diagnosed as having major depressive disorder (with suicidal ideation), severe without psychotic features and pain disorder. There is no record of a recent diagnostic study. Treatment to date has included individual and group therapy, cognitive behavior therapy and medication management. In a progress note dated 5-2-2015, the injured worker complains of increasing leg pain and stiffness. Physical examination showed the injured worker to appear tired, agitated and tense. The treating physician is requesting 24/7 home care by skilled LVN.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 24/7 home care by skilled LVN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare benefits manual (Rev. 144, 05-06-11) Chapter 7 Home Health Services; section 50.2 (Home Health Aide Services).

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or intermittent basis. 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. This request is not for medical treatment but for emotional support. Additionally, the injured worker is not considered to be home-bound. The guidelines do not support 24/7 care. The request for 1 24/7 home care by skilled LVN is not medically necessary.