MAXIMUS Federal Services

Case Number:	CM15-0071128		
Date Assigned:	04/21/2015	Date of Injury:	08/05/2005
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/15/2015

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:

The injured worker is a(n) 33 year old female, who sustained an industrial injury on 8/5/05. She reported depression and anxiety. The injured worker was diagnosed as having depression. Treatment to date has included psychiatric treatments and medications. As of the PR2 dated 3/16/15, the injured worker reports difficulty with sleeping and increased anxiety. The treating physician noted no suicidal or homicidal thoughts, but limited judgment and insight. The treating physician requested in-home supportive services, six additional medication management sessions over the next 4-6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home support services - six additional med mgmt over the next 4-6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The most recent report provided from the requesting physician, [redacted]., is dated 03/16/15 and states the patient presents with a diagnosis of Major Depression. The current request is for IN-Home Support Services Six Additional Med Mgmt over the Next 4-6 Months. The 03/20/15 utilization review modified this request from support services and 6 med management visits to 3 med management visits. The RFA is not included. The patient is on SSI disability. MTUS and ODG guidelines do not discuss Home health services evaluation. 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 home maker 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. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The 03/16/15 report states the patient is to continue her current medication regimen uninterrupted. While medication management may assist the treating physician in providing an appropriate course of care, the reports provided for review do not explain why Home support services are needed at this time. There is no discussion regarding the patient's self-care needs, social situation or what support services are to be provided. The request is not medically necessary.