

Case Number:	CM14-0103707		
Date Assigned:	07/30/2014	Date of Injury:	05/27/2008
Decision Date:	09/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 35-year-old male with a 5/27/08 date of injury. The mechanism of injury occurred when a trimmed branch hit him in the back of the neck. According to a progress report dated 7/3/14, the patient stated he had some slow improvement with the cervical spine. He was currently doing physical therapy, which seemed to have given him more endurance and somewhat improved range of motion. He also complained of neck pain status post-surgery on 12/23/13, headaches, upper back and bilateral shoulder/scapular pain, mid and low back pain, pain in the elbow, wrists, and hands with numbness in the hands. Objective findings: palpation of paracervical muscles showed slight muscle spasm or tightness, palpation shows spasm and tenderness of parathoracic muscles, palpation of paralumbar muscles showed slight muscle spasm or tightness, slight tenderness of paracervical muscles. Diagnostic impression: cervical, strain with recurrence of radiculitis bilaterally, cervicogenic headaches, thoracic strain, lumbar strain with bilateral lumbar radicular symptoms, carpal tunnel syndrome, secondary depression due to chronic pain. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 6/19/14 denied the request for a caregiver based on an absence of response to the request for additional information necessary to render a determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caregiver (DOS: 5/22/14-6/22/14): 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 Page(s): 51.

Decision rationale: CA MTUS states that home health services are 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. It is noted that the provider is requesting reimbursement for the patient's mother for the care she has provided as a caregiver. She had been providing all transportation and other aid for the patient such as helping him with shopping and taking him to various appointments. Guidelines do not support home health services for non-medical treatment. 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. Therefore, the request for Caregiver (DOS: 5/22/14-6/22/14) is not medically necessary.