

Case Number:	CM13-0016925		
Date Assigned:	04/23/2014	Date of Injury:	06/05/2007
Decision Date:	05/20/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/27/2013

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 41 year-old female. The patient's date of injury is 06/05/2007. The mechanism of injury was a slip and fall off of a curb. She has been diagnosed with low back, left hip, and left knee pain, depression, anxiety, insomnia, chronic pain disorder, asthma, pseudotumor cerebri. Her treatments have included injections, medications, counseling, and imaging studies. The physical exam findings show left knee with swelling, decrease range of motion, crepitus and grinding. Ankle exam shows tenderness over the lateral ankle, with full range of motion. It was recommended that the patient attend a functional restoration program. The request is for childcare.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FROM CHILDCARE 2 HOURS PER DAY, MONDAY THROUGH THURSDAY, FOR 2 KIDS FOR WEEK #1 AND WEEK #2 WHILE AT

QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: MTUS guidelines do not specifically discuss childcare relating to a medical necessity. According to the clinical documentation provided. Accepting self-responsibility is the goal of the ACOEM guidelines. If the injured patient wants childcare, they can. There is no rationale as to why this needs to be provided, as it is not medical care. Childcare is not indicated as a medical necessity to the patient at this time.