

Case Number:	CM13-0030845		
Date Assigned:	11/27/2013	Date of Injury:	02/07/2000
Decision Date:	02/14/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic reflux sympathetic dystrophy of the upper extremity associated with an industrial injury that took place on February 7, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, a spinal cord stimulator, psychological counseling, a handicap placard, and extensive periods of time off of work. In an August 26, 2013 medical-legal evaluation, the applicant stated she has a handicap permit. Owing to pain, she asked her parents and her daughter to help her purchase supplies. The applicant's daughter does her laundry. In a November 12, 2013 progress note, the applicant states that she is doing poorly. Her spinal cord stimulator is not effective. She has pain and spasticity about the arms and legs with tremors noted to be about the same. She exhibits a short and slow gait. She has severe dental loss and decay. Limited range of motion is noted. Neurontin, Zofran, and a mouthwash are endorsed. It is stated that the applicant cannot drive herself to and from appointments without pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

homecare assistant 7 days a week, 24 hours a day: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver medically necessary services in those applicants who are home bound, bed bound, and/or are unable to attend outpatient office visits to obtain such services. In this case, it appears that the attending provider is seeking home care assistant for provision of nonmedical activities of daily living, such as doing laundry, shopping, cleaning, etc. These services are specifically not covered when this is the only care needed. Therefore, the request is non-certified

for transportation for all activities of daily living: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, applicants are responsible for keeping their own medical appointments. It is further noted that the Official Disability Guidelines do endorse provision of transportation in the same community for applicants with disabilities that prevent them from self-transport. In this case, the applicant has a handicap placard. It is not clearly stated why she cannot transport herself. It appears that she is reluctant to do so due to issues with pain. It is further noted that the attending provider is seeking transportation for all purposes and not just medical purposes. This is not endorsed by the ODG or the ACOEM. Therefore, the request is non-certified.