

Case Number:	CM13-0041451		
Date Assigned:	12/20/2013	Date of Injury:	04/01/2003
Decision Date:	04/28/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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 injured worker is a female with date of injury April 1, 2003. According to the providers narrative report, the injured worker has a history of falling down. She is able to get up without assistance and walks with a slow gait, carrying a cane in her left hand. Faber test is negative for the hip joints. There is good strength of dorsiflexion of the feet and toes bilaterally. Examination of the deep tendon reflexes shows the biceps, brachioradialis, triceps, and knee reflexes are symmetrical and normoactive. The right ankle reflex is normoactive, the left is absent. Hoffman's signs are absent. Clinical impression is that there is a new finding of moderate tenderness to palpation over the left subacromial bursa which is associated with reduced range of motion at the left shoulder, particularly in elevating the arm overhead, while range of motion is normal on the right. Impression is subacromial bursitis as a result of immobilization of the shoulder for approximately three months after her left upper extremity fractures in November 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

GARDENING SERVICES FOUR HOURS TWICE A MONTH: Upheld

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

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Decision rationale: Home health services are only recommended when they are providing medical treatments for homebound patients. Gardening services is not a medical treatment, and is therefore not supported by the guidelines. The request for gardenining services four hours twice a month is determined to not be medically necessary.