

Case Number:	CM14-0020077		
Date Assigned:	04/25/2014	Date of Injury:	09/12/2013
Decision Date:	07/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 65-year-old who was injured in a work related accident on 09/12/13, sustaining an olecranon fracture that required open reduction and internal fixation. A 12/16/13 progress report indicates that the claimant is now three months following surgery and two months following secondary surgery for hardware removal. Examination showed her to be utilizing a walker for gait and elbow range of motion to be "within normal limits." There was still tenderness noted about the wrist and the left olecranon. Radiographs were stable. There was a request at that time for home health aid services in the form of a skilled caregiver three days a week for twelve additional weeks, two hours per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AID SKILLED CAREGIVER SERVICES, 3 DAYS A WEEK FOR 12 WEEKS, 2 HOURS A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a skilled caregiver would not be supported. This individual is greater than three months following time of her injury and does not appear to be home bound on an intermittent or part time basis. She has been ambulating with the assistance of a walker. At this stage in the postoperative course of care, there would be no indication for three additional months of a skilled caregiver service for this individual. The request is found to be not medically necessary.