

Case Number:	CM14-0033444		
Date Assigned:	06/20/2014	Date of Injury:	03/18/2013
Decision Date:	07/22/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of March 18, 2013. Thus far, the applicant has been treated with the following: Apparent diagnosis with a left proximal humeral fracture; nonoperative treatment of the same; unspecified amounts of physical therapy; a sling; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 14, 2014, the claims administrator denied a request for caregiver services to help the applicant with bathing, driving, chores, cleaning, and grocery shopping. In a progress note dated November 18, 2013, the applicant was placed off of work, on total temporary disability. The applicant had persistent complaints of shoulder and upper arm pain with associated limited range of motion noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caregiver services 4 hrs a day times 5 days a week for 30 days to assist her with bathing, driving, chores, cleaning, and grocery shopping: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 51, Home Health Services topic. Page(s): 51.

Decision rationale: As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services such as the caregiver services being sought here are specifically not covered when they are the only services being sought. In this case, there is no evidence that the applicant is concurrently receiving any other medical services such as wound care, IV antibiotics, home-based physical therapy, etc. Provision of stand-alone caregiver services are not covered in this context, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.