

Case Number:	CM14-0035004		
Date Assigned:	06/23/2014	Date of Injury:	03/11/2013
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Internal 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:

Patient is an injured worker with a cervical spine condition. Date of injury was 03-11-2013. Doctor's first report of occupational injury 02-11-2014 was provided by [REDACTED]. Mechanism of injury: Tripped over rocks in hospital parking lot. Slammed head into a parked care. This caused a cervical fracture. Has had surgery of fused C2-C3 on 3/14/2013. Date last worked 2/11/2014. Physical examination: Neck tenderness, Range of Motion Decreased, Strength 4/5 strength in neck. Diagnosis: Cervical vertebral fracture, cervical spine sprain. Request: (1) Gardener once a week for taking care of flowers and yard. 3 gardeners for one hour per week. [REDACTED] dollars a month. For one year. (2) A couple come once a month to clean house. Stay for three hours. Paid [REDACTED] per month to clean house. For one year. Starting 3/2013. Internal medicine visit note 11-07-2013 documented physical examination: neck normal range of motion, neck supple, slightly tender c-spine. Agreed Medical Examination (AME) in Orthopedics report dated 04-24-2014 documented: "At this time, the applicant is working...She works 40 hours a week." Physical examination: Gait normal. The patient is able to walk on heels and toes without difficulty. Utilization review dated 03-11-2014 recommended non-certification of the request (1) Gardener once a week, three gardeners for one hour per week, for one year starting 3/2013, (2) Housekeeper for three hours once a month for one year starting 3/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gardener once a week, three gardener for one hour per week, for one year starting 3/2013:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Medical treatment utilization schedule (MTUS) page 51.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) states: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. AME report 04-24-2014 documented that the patient is working 40 hours a week, and physical examination documented normal gait. MTUS guidelines requires that the patient be homebound. Medical records documented that the patient is ambulatory. MTUS guidelines state that home health services are recommended only for medical treatment. Medical treatment does not include homemaker services. MTUS guidelines and medical records do not support the medical necessity of a gardener. Therefore, the request for Gardener once a week, three gardener for one hour per week, for one year starting 3/2013is Not medically necessary.

Housekeeper for three hours once a month for one year starting 3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Medical treatment utilization schedule (MTUS) page 51 .

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) states: Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. AME report 04-24-2014 documented that the patient is working 40 hours a week, and physical examination documented normal gait. MTUS guidelines requires that the patient be homebound. Medical records documented that the patient is ambulatory. MTUS guidelines state that home health services are recommended only for medical treatment. Medical treatment does not include homemaker services. MTUS guidelines and medical records do not support the medical necessity of a housekeeper. Therefore, the request for Housekeeper for three hours once a month for one year starting 3/2013is Not medically necessary.

