MAXIMUS Federal Services

Case Number:	CM14-0193222		
Date Assigned:	12/01/2014	Date of Injury:	08/01/2014
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 24-year-old female with a date of injury of 08/01/2014. The listed diagnoses are:1. Left lower extremity crush injury with complex wound, status post micro-surgical reconstruction. 2. Postoperative pain, controlled. 3. Tachycardia, resolved. Per the treating physician report dated 10/07/2014, the patient presents for follow-up following multiple surgeries on her left leg from a crush injury. The patient is "post left leg salvage with right lat flap to left leg." The patient is currently taking Gabapentin 300 mg, Oxycodone 5 mg, Protonix 40 mg, and Claritin 10 mg. An examination revealed "skin graft to site with some dry edges. There is a small open area over left Achilles tendon. There is some swelling superior to lat flap with the medial right ankle with keloid at site of saphenous graft." Treatment plan was for patient to begin showering at home, medical taping for hypertrophic scarring daily, change of dressing, and plan for bone grafting once swelling has improved. Request for authorization (RFA) from 10/22/2014, requests child care assistant 8 hours/day, 5 days/week. The utilization review denied the request on 11/05/2014. Treatment reports from 08/01/2014 through 10/07/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Child Care Assistance 8 Hours/Day for 5 Days/Week: Upheld

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

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

Decision rationale: This patient is status post left lower extremity flap reconstruction with latissimus flap complicated by partial skin graft and "POD 14 S/P STSG to LLE" on 09/29/2014. The current request is for child care assistance 8 hours/day for 5 days/week. The utilization review denied the request stating that there is, "Lack of updated clinical records indicating specific deficit or goals of claimant status or prior treatment history." The MTUS Guidelines page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include home maker service 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." In this case, the patient is status post severe crush injury to the right leg on 08/01/2014 and may require medical assistance at home. However, the current request is for child care assistance only. The MTUS recommends home health care assistance for patient's that require medical treatment and that are home-bound. The treating physician has only asked for child care assistance with no discussion regarding possible medical care that may be needed at home. The requested child care assistant is not medically necessary.