

Case Number:	CM15-0013506		
Date Assigned:	02/02/2015	Date of Injury:	07/09/2013
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 22 year old male who sustained a work related injury on July 9, 2013, incurring a lumbar fracture when a beam fell on his back. Computed Tomography (CT) of the cervical, thoracic and lumbar spine showed 3 column fracture of the L1 level with a chance fracture with retropulsion fragments; rib fractures and lung contusion. On July 10, 2013, he underwent an Open Reduction and Internal Fixation (ORIF) of the lumbar and thoracic spine and presented as a thoracic spinal paraplegic with complete loss of movement, sensation, bowel and bladder. Diagnoses included L1 chance fracture, T6 paraplegia, neurogenic bladder and bowel and neuropathy with musculoskeletal pain. He was admitted to a rehabilitation center for care and treatment. He eventually moved into a renovated home requiring multiple home needs and care. Currently, the injured worker is unable to safely watch his child independently. On December 29, 2014, a request for a service of childcare, all times that patient is with son, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Childcare, at times that patient is with son: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: The patient presents with concerns regarding being unable to safely watch his child independently. The request is for CHILDCARE, AT TIMES THAT PATIENT IS WITH SON. The RFA provided is dated 11/12/14. Patient's diagnosis included L1 chance fracture, T6 paraplegia, neurogenic bladder and bowel and neuropathy with musculoskeletal pain. He was admitted to a rehabilitation center for care and treatment. Per medical record dated 11/03/14, "the patient is in no acute distress and presents in a manual wheelchair." Patient has reached maximum medical improvement. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including (1) adequate and thorough evaluation has been made (2) Previous methods of treating chronic pain have been unsuccessful (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be (5) The patient exhibits motivation to change (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or comorbidities)." In this case, treater does not provide a rationale for the request. Per the denial letter dated 12/31/14, the patient continues to participate in daily scheduled activities without complains and is Modified Independent with all activities of daily living. He is Mod I with all transfers and with carry 'over of his upper extremity strengthening program at [REDACTED]. There is no explanation as to why the patient is unable to care for the child. There are no record of qualifying circumstances or medical need for the request. Therefore, the request IS NOT medically necessary.