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| Case Number: | CM15-0064157 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 02/24/2003 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

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: Florida

Certification(s)/Specialty: Family Practice

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 65 year old female, who sustained an industrial injury on 02/24/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar one burst fracture, status post fusion with titanium rods, paraparesis, neurogenic bladder and bowel, and chronic pain. Treatment to date has included medication regimen, psychotherapy, above listed procedure, use of oxygen therapy, use of a recliner chair, use of a stair glide, home exercise program with recumbent stepper, and weight loss program. In a progress note dated 02/17/2015 the treating physician reports complaints of intermittent low back, knee, leg, neck, right elbow, and left foreleg pain. The pain is rated a three to eight out of ten. The treating physician requested a gardener once a week, with the documentation noting that the injured worker's lawn is overgrowing with weeds along with neighbor complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gardener, weekly for twelve weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Exercise: How to Get Started Am Fam Physician. 2006 Dec 15; 74(12):2095-2096.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not address requests for "Gardeners." There is no worthy documentation or rationale provided regarding why a gardener needs to be provided to treat this patient's work related injury. Likewise, this request is not considered medically necessary.