

Case Number:	CM13-0020251		
Date Assigned:	12/18/2013	Date of Injury:	07/23/2013
Decision Date:	03/18/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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 Pain Management 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:

This is a female patient with a date of injury of 7/23/13. A utilization review determination dated 8/27/13 recommends non-certification of home health care daily from 5-9 pm to assist in ADLs and home chores x 4 weeks. A progress report dated 8/19/13 identifies subjective complaints including pain under control. She has been non weight bearing in a splint. Objective examination findings identify ROM limited secondary to immobilization. Diagnoses include fracture of lateral malleolus, closed right; sprain of ankle, unspecified site left; right distal fibula comminuted fracture; left ankle sprain. Treatment plan recommends CAM walker boot, ROM exercises, ice, and elevation. Work status is modified duty with no driving, keeping the right leg elevated, and non weight bearing right side. RN note dated 8/6/13 identifies that the patient lives with her parents, but they will be leaving the following day for 2 months and she will be living alone. They have a hired house cleaner. Also, a son and daughter-in-law will be periodically visiting to do laundry, groceries, and other errands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care for 4 hours per day for 4 weeks for Activities of daily living: Upheld

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

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

Decision rationale: Regarding the request for home health care for 4 hours per day for 4 weeks for Activities of Daily Living, California MTUS states that home health services are recommended only for, otherwise recommended medical treatment, for patients who are homebound; and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. It is noted that she has a left ankle sprain in addition to the ankle fracture on the right, but she is only non weight bearing on the right and there is no documentation identifying why the use of appropriate walking/mobility aids could not be utilized to mitigate the risk of falls and allow her to perform her ADLs during the 4 hours per day that the care is being requested. In light of the above issues, the currently requested home health care for 4 hours per day for 4 weeks for Activities of Daily Living is not medically necessary.

Home Health Care for 4 hours per day for 4 weeks for Home Chores: Upheld

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

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

Decision rationale: Regarding the request for home health care for 4 hours per day for 4 weeks for home chores, California MTUS states that home health services are recommended only, for otherwise recommended medical treatment, for patients who are homebound; and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. It is noted that she has a left ankle sprain in addition to the ankle fracture on the right, but she is only non weight bearing on the right and there is no documentation identifying why the use of appropriate walking/mobility aids could not be utilized to mitigate the risk of falls and allow her to perform her ADLs during the 4 hours per day that the care is being requested for. Furthermore, it is noted that the patient's family has a hired house cleaner and a son and daughter-in-law will be periodically visiting to do laundry, groceries, and other errands. In light of the above issues, the currently requested home health care for 4 hours per day for 4 weeks for home chores is not medically necessary.