

Case Number:	CM13-0021273		
Date Assigned:	11/08/2013	Date of Injury:	04/24/2008
Decision Date:	12/31/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/06/2013

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 injured worker is a 62 year-old male who was injured on 4/24/08 due to repetitive lifting and carrying heavy boxes, prolonged standing and walking. He complained of left ankle pain and had to limp. He had an MRI showing a "crack in his heel and damage on both sides of his ankle." He was given an ankle brace and returned to work but could not continue and was placed on disability. In 2009, he had arthroscopic surgery of the left ankle and did well. In 2010, he had cortisone injections into left heel which worsened the pain and caused hematomas. He developed an infection and was diagnosed with osteomyelitis, treated with intravenous antibiotics. He required multiple incision and drainage of his left foot. He was diagnosed with left subtalar arthritis, status post arthroscopy, history of left foot osteomyelitis, status post multiple incision and drainage with infection and regional osteoporosis, left equinus deformity, gait disorder, obesity, depression, anxiety, and insomnia. He complained of persistent left foot pain. On exam, he had decreased range of motion of the left ankle but no open wounds requiring wound care. An MRI showed swelling in the anterior calcaneus, degenerative changes of the subtalar joint and tenosynovitis of some tendons. CT verified similar findings, concern for neuropathic changes or insufficiency fracture. He had hyperbaric oxygen therapy with temporary benefit. He had 18 sessions of physical therapy in 2012 with some improvement in left ankle range of motion. His medications included Nucynta. The patient is wheelchair bound and lives alone. He does have a caregiver that helps with household chores twice a week. He had a home nurse who came daily to clean and dress the left foot and ankle. But the most current exam, did not describe any open wounds requiring wound care. The current request is for home health care, four times a week for four hours each session, for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 4 times a week times 6 months, 4 hours per day: Upheld

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

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

Decision rationale: According to MTUS, home health services are recommended only "for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. 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." According to the chart, the patient did not have any wounds requiring wound care by a home health aide. It is unclear what skilled nursing services are required for six months. The patient lives alone and is wheelchair bound, but MTUS guidelines specify that homemaker services and personal care are not included under "medical care". The patient does have a caregiver that helps with household chores twice a week. Therefore, the request is not medically necessary.