

Case Number:	CM13-0049433		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2013
Decision Date:	03/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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 physician 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 49 year old male injured at work 6/6/13, sustaining a fractured fibula. He is requesting a home health aide, to include outdoor work, four hours per day, three days per week for six weeks. He is s/p ORIF of the left ankle, and has resultant hardware in place. CT of the ankle on 10/8/13 also demonstrated subtalar osteoarthrosis and a talar osteochondral defect, 3x10x2 mm in size. He also claims concussion, and had sustained a laceration of the head, and cervical spine sprain. He has post-concussive headaches. He also claims impaired cognition and memory as a result of his closed head injury. He is able to ambulate in a boot without assistive device for several days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide including outdoor help four hours a day, three days a week for six weeks:
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: The guidelines indicate that home health services are Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermitten 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. Outdoor work is not medical. He does not appear to be homebound, as he is ambulatory without an assistive device for days at a time. This service request should be denied.