

<b>Case Number:</b>	CM13-0061201		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Internal Medicine, and is licensed to practice in 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 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 claimant is a 40 yo male who sustained a work injury on 11/19/2012. He was working as an electrician on a wind turbine when he fell 60 feet after slipping on an oily floor. He sustained an open right ankle fracture and dislocation, left calcaneus fracture, left fibula fracture, right radius fracture, and L1 compression fracture. He required open reduction and internal fixation of the the right ankle with insertion of a wound vacuum, and open reduction and internal fixation of the right radius fracture. He has completed physical and occupational therapy. The treating provider has requested a home health aid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

**Decision rationale:** The review of the medical documentation does not indicate that the patient is presently homebound. His date of injury was 11/19/2012. Per California MTUS home health services are recommended 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 such as 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. The treating provider has not specified any specific skilled care needs the patient will require. Medical necessity for the requested item has not been established. The requested service is not medically necessary..