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| <b>Case Number:</b>   | CM13-0061205 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 10/15/2013 |
| <b>Decision Date:</b> | 05/08/2014   | <b>UR Denial Date:</b>       | 11/06/2013 |
| <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 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 and is licensed to practice in Illinois. 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 29-year-old male who reported an injury on 10/15/2013. The injured worker fell off a tractor and run over. Diagnoses include diastasis symphysis pubis and displaced fracture of the right distal fibula. The documentation of 10/24/2013 revealed the injured worker underwent an open reduction and internal fixation of the right fibula and was made weight bearing as tolerated on the left lower limb postoperatively. The injured worker lived at home with his fiancÃ© in a seventh floor apartment with no elevator. The recommendation was physical therapy, occupational therapy, rehabilitation therapy and medications. The additional recommendation was for medications. The submitted request was for home health services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH 5-6 HOURS PER DAY, 5 DAYS A WEEK FOR 2 WEEKS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Home Health Services.

**Decision rationale:** California MTUS Guidelines were not applicable as the injury was in 10/2013. The Official Disability Guidelines indicate that home health services are recommended for patients who are home bound and who are in need medical treatment on an intermittent or part time basis. Medical treatment does not include homemaker services or home health aide services. There was a lack of documentation indicating the injured worker was home bound and in need of medical treatment. There was the lack of a PR-2 or DWC form RFA requesting the service. Given the above, the request for home health 5-6 hours per day, 5 days a week for 2 weeks is not medically necessary.