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| Case Number: | CM14-0017137 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 02/15/2010 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 50 year-old-male who reported an injury on February 15, 2010 caused by a falling over a wooden plank and fell backwards onto the cement. On October 26, 2013 the injured worker had fell and had increased swelling, temperature of the left lower extremity below the knee and rule out recurrent fracture, rule out DVT, rule out cellulitis and numbness and tingling bilateral of the upper extremities and rule out compression neuropathies versus radiculopathies. On January 14, 2014 the injured worker underwent a MRI that revealed comminuted fracture involving the base of the proximal phalanx of the first toe and no displaced fracture of the navicularis with bone marrow edema of the lateral calcaneus in the sub articular region at the posterior talocalcaneal joint. There was mild osteomyelitis and diffuse cellulitis involving the dorsal foot and more severe along the lateral and posterior ankle. It was noted there was myositis of the interosseous abductor pollicis and digitorum brevis. On January 1, 2014 the injured worker was admitted to [REDACTED] and was diagnosed with left foot extensive cellulitis with ulcerations, myositis, paraplegia, neurogenic bladder and recurrent UTI, fracture of the phalanx of the left foot. It was noted the injured worker was released on January 21, 2014 after receiving antibiotics IV twice a day through a PICC line and had continuing wound care to his left foot. On January 23, 2014 the injured worker complained of difficulty sleeping, blurred vision, legs feeling heavy and pain in his neck. The examination of his left foot revealed 4 opened wounds, with pus on the dorsum of the foot and swelling. It was noted on the motor examination there was no pronator drift and the individual muscle testing was 5/5. The deep tendon reflexes of the upper extremities was a positive 3 and the lower extremities was of the knees was a positive 1 of knees and positive 3 of the ankles. The medications included Gabapentin 300mg, Ibuprofen 600mg Cephalexin 500mg, Escitalopram 10mg, Cipro 500mg,

Vitamin D 50,000 units and Caverject 20 mcg. It was noted the injured worker pain was an 8/10 and he is unable to bathe. He had difficulty with dressing, getting himself on and off the toilet and standing. He ambulated in a mechanical wheelchair. The diagnoses included status post fall from 15-17 foot height resulting in a compression fracture T8 and T12 with paraplegia, neurogenic bladder, pressure wound with discharge and bleeding X4 cm at the left buttocks area, osteomyelitis of the left foot metatarsals, and continuing falls with ADL during transfer from chair to bed and from bathroom to chair resulting in new injuries, frequent UTIs, history of gallbladder surgery due to gallstones, depression due to medical condition, musculoligamentous sprain/stain of the cervical spine and tendinitis and bilateral shoulders with exacerbation of the left shoulder. The request for authorization was submitted on January 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-HOME RN SERVICES FOR IV ANTIBIOTICS BID AND LEFT FOOT CARE FOR ENTIRE TIME OF PRESCRIBED TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guideline only recommends Home Health Services for medical treatment for patients who are home bound, 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. The diagnoses included status post fall from 15-17 foot height resulting in a compression fracture T8 and T12 with paraplegia, neurogenic bladder, pressure wound with open pussy discharge and bleeding X4 cm at the left buttocks area, osteomyelitis of the left foot metatarsals, and continuing falls with ADL during transfer from chair to bed and from bathroom to chair resulting in new injuries, frequent UTIs, history of gallbladder surgery due to gallstones, depression due to medical condition, musculoligamentous sprain/stain of the cervical spine and tendinitis and bilateral shoulders with exacerbation of the left shoulder. On January 14, 2014 the injured worker was admitted to [REDACTED] and was diagnosed with left foot extensive cellulitis with ulcerations, myositis, paraplegia, neurogenic bladder and recurrent UTI, fracture of the phalanx of the left foot. It was noted the injured worker was released on January 21, 2014 after receiving antibiotics IV twice a day through a PICC line and had continuing wound care to his left foot. The authorization for request that was submitted on January 23, 2014 lacked the specific duration on how long the injured worker would need In-Home RN Services for IV Antibiotics for the left foot care. Given the above, the request is not medically necessary.