

Case Number:	CM14-0129824		
Date Assigned:	08/20/2014	Date of Injury:	06/06/2014
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 06/06/2014. The mechanism of injury was a fall off a ladder. The injured worker had surgery on 06/10/2014. The injured worker had a clinical evaluation on 07/15/2014, with subjective complaints of minimal pain at rest in the left lower extremity, but pain is present with movement. He indicates Norco is helpful. The physical exam findings noted decreased range of motion of the left ankle, swelling and ecchymosis. The left lower leg was tender and the left foot was tender with swelling. There were lesions on the left lower extremity. Sensation was normal. The diagnoses were noted to be left tibia fracture and after care for musculoskeletal system surgery. The injured worker was noted to have diagnostic studies of x-rays and medication management. The rationale for the request was not noted within the evaluation. A Request for Authorization form was provided and dated 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 8 Hours A Day 7 Days A Week 3 Times A Week Then 6 Hours A Day 7 Days Per Week For 3 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Home Health Services.

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

Decision rationale: The request for home healthcare 8 hours a day for 7 days a week 3 times a week then 6 hours a day for 7 days a week for 3 weeks is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend home health services 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 any personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care needed. The documentation provided for review does not indicate that the injured worker is homebound, part time or on an intermittent basis. It is not noted within the clinical evaluation that there is a medical necessity for medical treatment within the home. Therefore, the request for home healthcare 8 hours a day 7 days a week 3 times a week then 6 hours a day 7 days a week for 3 weeks is not medically necessary.