

<b>Case Number:</b>	CM14-0170729		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

37 year old male claimant with an industrial injury dated 08/15/14. Exam note 08/20/14 states the patient returns with foot and leg pain. There is evidence of a fracture at the 3rd and 4th metatarsal of the left foot. The patient explains experiencing a sharp, shooting, stabbing, throbbing pain. The pain is rated a 8/10 and gets worse on dependence and with applied pressure. Upon physical exam there was pain on palpation. The patient demonstrated a painful range of motion. There was evidence of swelling on the left foot. The patient also experiences low back soreness and grip weakness. There was pain on palpation of the left wrist as well. Current medications include Cipro, and Nabumetone. The patient required crutches for mobility and favors the right foot. Diagnosis is noted as a displacement fracture, fracture metatarsal, edema, joint swelling of the foot/ankle, and an ulcer. Treatment includes to continue the use of crutches, a continuation of medications, and an open reduction internal fixation of the left 3rd metatarsal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide daily from 9/8/2014-11/8/2014.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 8/20/14 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore determination is for not medically necessary.