

<b>Case Number:</b>	CM14-0185892		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Interventional Spine 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:

The patient is a 43 year old male with an injury date of 03/15/13. Based on the 10/06/14 progress report provided by treating physician, the patient complains of right ankle pain and swelling with purulent discharge. Patient underwent right Achilles tendon repair 02/25/14. Patient states it took 6 weeks for stitches to be taken out from the posterior part of ankle, and that after the surgery; he had a non-healing ulceration at the back of his right foot that would drain foul smelling clear or yellowish fluid. Physical examination to the right foot revealed marked erythema, swelling, tenderness and warmth in the medial and lateral malleoli and posterior part of foot. Opening in the posterior part of foot was draining yellowish foul smelling fluid. Per provider report dated 10/09/14, the patient is status post right Achilles tendon repair with abscess, probable osteomyelitis and chronic infection. Patient's medications include Vancomycin, Rocephin, Flagyl and Norco. Discharge Diagnosis 10/09/14- chronic infection of right Achilles tendon repair with abscess and probable osteomyelitis status post incision and debridement- history of remote Achilles tendon rupture status post-surgery- history of rheumatoid arthritis- elevated inflammatory markers- right calcaneus osteomyelitis- cellulitis and abscess of foot. The utilization review determination being challenged is dated 10/20/14. Treatment reports were provided from 02/25/14 - 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home care x4 hours per day, x5 days a week, for 5 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home Health Services

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

**Decision rationale:** The patient presents with right ankle pain and swelling with purulent discharge. The request is for home care x 4 per day, x 5 days a week, for 5 weeks. Patient underwent right Achilles tendon repair 02/25/14. Per provider report dated 10/09/14, the patient is status post right Achilles tendon repair with abscess, probable osteomyelitis and chronic infection. Physical examination to the right foot on 10/06/14 showed marked erythema, swelling, tenderness and warmth in the medial and lateral malleoli and posterior part of foot. Opening in the posterior part of foot was draining yellowish foul smelling fluid. Discharge Diagnosis dated 10/09/14 included history of remote Achilles tendon rupture status post-surgery, history of rheumatoid arthritis, elevated inflammatory markers, right calcaneus osteomyelitis, cellulitis and abscess of foot. Patient's medications include Vancomycin, Rocephin, Flagyl and Norco. MTUS page 51 has the following regarding home services, "recommended 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 treatments do 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." Provider has not discussed reason for the request. There is no home evaluation by a professional, no indication whether or not the patient is living alone. There are no diagnosis that prohibits the patient from self-care and activities of daily living (ADL's) other than from subjective pain. MTUS states that medical treatments do not include homemaker services if this is the only care needed. Therefore, home care x4 hours per day, x5 days a week, for 5 weeks is not medically necessary and appropriate.