

Case Number:	CM14-0029531		
Date Assigned:	06/16/2014	Date of Injury:	07/13/2013
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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 injured worker is a female with date of injury 7/13/2013. Per primary treating physician's progress report dated 2/20/2014, the injured worker presents for follow up on right ankle injury with worsening pain and medication refill. She has been having some occasional shooting pain in the right medial ankle area. Massaging is helping. Orthotics have been fitted, but she has not received them yet. She is wearing shoes now and using a quad cane with walking. She is still unable to drive. Pain is rated at 4-5/10 and is intermittent with occasional sharp shooting pain in the medial ankle. Pain is aggravated by walking, and is relieved by Norco and Aleve. She is taking Norco, 4-5 per day, and ibuprofen, 3 per day. On exam she ambulates with a walker. Right ankle surgical site has no swelling or erythema. There is tenderness over the plantar fasciitis. There is full range of motion in bilateral ankles. Strength on the right ankle is 4+/5. Sensation is decreased in both feet distally. She has a history of peripheral neuropathy. Ankle is stable to testing. Thompson test is negative. There is mid calf tenderness on the right. She is two months status post Achilles tendon repair, doing well. Diagnosis is rupture of Achilles tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR HOME HEALTH AIDE THREE TIMES A WEEK, TWO HOURS PER DAY TIMES THREE: 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: The requesting physician reports that the injured worker has improved strength and weight bearing following surgical repair of her right Achilles tendon. She reportedly has had near falls recently when getting out of the bathtub and may benefit from continued home aide. She is also unable to drive, so she would benefit from car service. Home health services are only recommended when they are providing medical treatments for homebound patients. 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. The request for retrospective home health aide three times a week, two hours per day times three, is not medically necessary.