

<b>Case Number:</b>	CM14-0035539		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 and Pain Medicine and is licensed to practice in Texas. 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 51 year old male who reported an injury to his left lower extremity. The clinical note dated 02/07/14 indicates the injured worker having sustained a contusion at the left foot with an associated tibial sesamoid fracture as well as chronic pain identified at the big toe of the left foot. There is an indication the injured worker has a significant past medical history to include a left foot surgery in October of 2008. The injured worker had ongoing complaints of pain. The clinical note dated 10/29/13 indicates the injured worker continuing with complaints of left foot pain that was rated as 6-10/10. The clinical note dated 04/09/14 indicates the injured worker continuing with left foot pain with continued numbness. The injured worker also has described a gait dysfunction. There is an indication the injured worker was utilizing opioid medications. Upon exam, 2 scars were identified at the medial aspect of the left foot. Tenderness was identified upon palpation at the bottom and top of the foot as well as at the plantar fascia. Callouses were identified at the 2nd metatarsal and the 5th metatarsal. The injured worker was able to demonstrate 90% of dorsa flexion and 80% of extension and flexion on the left. The utilization review dated 03/17/14 resulted in a denial for home health care for 3 weeks following a surgical intervention as no information had been submitted confirming the injured worker's medical needs within the home setting. Guidelines do not support home health care to include homemaking services to include shopping, cleaning, or laundry.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Have assistance to help with daily needs for 3 weeks after surgery.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 41.

**Decision rationale:** The documentation indicates the injured worker complaining of left foot pain relating to a surgical intervention. Home health services are indicated for injured workers who have continued medical needs to include skilled nursing. No information was submitted regarding the injured worker's ongoing medical needs that would involve the need for a skilled nurse. Therefore, the request for home health assistance for three weeks following a surgical intervention is not medically necessary.