

<b>Case Number:</b>	CM14-0036364		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 11/19/2013. The mechanism of injury was a fall. Her diagnosis includes status post-surgical repair of the right ankle trimalleolar fracture. Her previous treatments include physical therapy and crutches. Within the most recent physical therapy note, the injured worker indicated that she was in a boot for 6 weeks and now walks without the boot although she uses crutches when ambulating community distances secondary to pain and decreased balance. She reported that her pain was rated at 2/10 to 7/10. She describes her ankle as stiff and sore and it was only painful when she weight bearing on it and the pain was decreased by rest. The therapist reported since she was limited to household distance she required her own caregiver to drive her and help her with her daily activities. On physical examination, the therapist reported the injured worker's right ankle active range of motion was lacking 8 degrees dorsiflexion, she had 40 degrees of plantarflexion, 4 degrees of eversion, and 8 degrees of inversion. On palpation of the right ankle, the therapist reported there was tenderness to palpation in the calcaneus, as well as surrounding the Achilles tendon. He reported she had mild joint swelling of which she stated increased at the end of the day, especially after a lot of activity. The treatment plan included for the patient to continue with physical therapy to help increase functional mobility and limitations with walking, standing, and driving. The current request is for a home health aide, 3hrs/day x 7 days/week for 3 weeks or total of 63 additional hours. The request for authorization was not provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide, 3hrs/day x 7 days/week for 3 weeks or total of 63 additional hours:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The clinical documentation indicated the injured worker was now walking without the boot; although, she uses crutches when ambulating community distance secondary to pain and decreased balance. The documentation also stated that the patient was limited to household distances and she required her own caregiver to drive her and help her with her daily activities. Due to the injured worker being able to ambulate household distances this would not support the request. As such, the request for home health aide, 3hrs/day x 7 days/week for 3 weeks or total of 63 additional hours is not medically necessary.