

<b>Case Number:</b>	CM14-0047302		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Internal 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:

Patient is an injured worker status post lumbar L4 spine fusion surgery 04-02-2013 and multiple extremity injuries. Date of injury was 04-02-2013. Mechanism of injury was fall from over thirty feet. Progress note 03-24-2014 by [REDACTED] documented subjective complaints of left ankle and foot pain status post reconstructive surgery. Left foot is feeling better. He is able to bear weight. He is no longer using a brace. He notes his sensation is improving daily. He takes Neurontin and Ultram. Past surgical history includes Lumbar L4, left foot repair 2013, left knee 2013, left leg 2013, open reduction internal fixation ORIF left, right tibia repair 2013, left wrist repair elbow 2013. Medications included Gabapentin, Oxycodone, Metformin, Glipizide, Januvia. Vital signs were height 76 inches, 185 pounds. Physical examination documented normal left ankle, hind foot, midfoot, and forefoot. Healed ankle and hind foot scars and mild ankle and foot swelling on the left side were observed. Bilateral hammer toes were noted. Left ankle and foot were no tender. Left ankle dorsiflexion was 10, and plantarflexion was 40 degrees. Left ankle dorsiflexion had 4+/5 motor, plantar flexion 5-/5 motor strength. X-ray of left foot 03-24-2014 demonstrated healed triple arthrodesis, unchanged in position, healed 2nd end 3rd metatarsal neck fractures with residual angular deformity, good hardware position, hardware in place at the ankle. Diagnoses included right anterior calcaneal open fracture, left transverse tarsal fracture dislocation, left 2nd and 3rd metatarsal neck fractures, left equinus contracture, bilateral hammer toes, and history of polytrauma - right radial head, right wrist, right tib-fib, lumbar spine fractures, left knee dislocation. Primary treating physician's progress report handwritten and dated 03-20-2014 by [REDACTED] documented good range of motion in the right knee. Progress report dated 02-19-14 by [REDACTED] documented the patient was approximately three months out from his left knee bone grafting of the proximal tibia. He has been doing very well. He has noticed a significant decrease in the amount of pain he has and

instability. He has been very pleased with physical therapy. On examination his range of motion is about 2 degrees to 125 degrees. He continues to have some instability with anterior, posterior, medial, and lateral stress. Plain radiographs taken today reveal moderate to severe osteoarthritis with some varus malalignment. He is also here to follow-up on his right knee. He is approximately eight months out from his right knee manipulation under anesthesia with arthroscopic lysis of adhesions. He has a history of a medial meniscal tear. He has been doing physical therapy and he has noticed a significant increase in his range of motion but has significant pain with range of motion and with walking. He feels that his knee catches on him. On examination his range of motion is 0 to 135 degrees with moderate patellofemoral crepitation. He has pain with full flexion and extension. Assessment is right knee medial meniscal tear and arthritis. A letter written by [REDACTED] dated April 3, 2014 requested home health aide. The letter documented that the patient had experienced multiple injuries and the fusion of his lumbar spine. He is status post right knee surgery to repair a meniscus. He has injuries to the right calcaneal and left calcaneal bones and bilateral neuropathies involving the L5-S1 dermatome with weakness of the gastrocnemius. He needs assistance at home as his wife works. He needs a home health aide 7 to 8 hours a day 5 days a week for 3 weeks. Utilization review decision date was 03-24-2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home Health Aide 8 hours a day, 5 days/week for 3 weeks for ADL (Activity of Daily Living): 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:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment for patients who are homebound. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. Home health aides are not considered medical treatment, and are not recommended. The request was for a home health aide 7 to 8 hours a day 5 days a week for 3 weeks. A letter written by [REDACTED] dated April 3, 2014 requested a home health aide. MTUS guidelines state that home health aides are not considered medical treatment. Home health services are recommended only for medical treatment. Therefore home health aides, which are not considered medical treatment, are not recommended by MTUS guidelines. MTUS guidelines do not support the medical necessity of a home health aide. Therefore, the request for Home Health Aide 8 hours a day, 5 days/week for 3 weeks for ADL (Activity of Daily Living) is not medically necessary and appropriate.