

Case Number:	CM14-0052009		
Date Assigned:	07/07/2014	Date of Injury:	09/02/2011
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/18/2014

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 Orthopedic Surgery and is licensed to practice in Texas and Colorado. 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 34-year-old female who reported an injury on 09/02/2011. The mechanism of injury was not stated. The current diagnosis is right foot drop with preserved peroneal muscle function and right hip instability. The injured worker was evaluated on 02/13/2014 with complaints of persistent ankle pain. The injured worker currently utilizes an AFO (Ankle-Foot Orthoses) boot. Physical examination revealed 0 degrees dorsiflexion and diminished strength. Treatment recommendations at that time included a peroneus brevis to dorsum transfer with posterior release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aid, 4 hours a day for 4 weeks: 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 Page(s): 51.

Decision rationale: California MTUS Guidelines state home health services are 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. As per the

documentation submitted for this review, the injured worker has been issued authorization for a right peroneus brevis to dorsum transfer/ankle posterior release, which is scheduled for 04/18/2014. However, there is no indication that this injured worker will be homebound following surgery. The specific services required were not listed in the request. California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Based on the clinical information received, the request for Home health aid, 4 hours a day for 4 weeks is not medically necessary and appropriate.

Physical therapy evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 AND 14.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. As per the documentation submitted for this review, the injured worker has been issued authorization for a right peroneus brevis to dorsum transfer/ankle posterior release, which is scheduled for 04/18/2014. California MTUS Guidelines further state postsurgical treatment following peroneal tendon repair includes 8 visits over 3 months. As the injured worker's surgical procedure has been authorized, a physical therapy evaluation can be determined as medically necessary. However, the current request for an evaluation and treatment cannot be determined as medically appropriate, as the total duration of treatment was not specified. As such, the request for Physical therapy evaluation and treatment is not medically necessary and appropriate.

Roller aide knee scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle and Foot (Official Disability Guidelines).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking aides.

Decision rationale: Official Disability Guidelines state walking aides are recommended as indicated. Frames or wheeled walkers are preferable for patients with bilateral disease. The medical necessity for the requested durable medical equipment has not been established. There is no evidence of significant instability, or any indication that this injured worker will require a prolonged period of immobilization following surgery. Based on the clinical information received and the Official Disability Guidelines, the request of Roller aide knee scooter is not medically necessary and appropriate.