

Case Number:	CM14-0061865		
Date Assigned:	07/16/2014	Date of Injury:	06/13/2009
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/02/2014

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 and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 06/13/2009. The mechanism of injury was heavy lifting. The prior treatments included physical therapy, medication management, injection therapy, and lumbar epidural steroid injections. The mechanism of injury was not provided. The documentation indicated the injured worker underwent an extensive arthroscopic debridement of the right ankle and a micro-fracture of the osteochondral lesion of the talar dome on 03/20/2014. The documentation of 03/12/2014 revealed the injured worker had continued pain in her right foot and ankle and had been utilizing a Richie hinge brace AFO. The injured worker had moderate to severe tenderness to the lateral aspects of the right ankle in the area of the lateral gutter and anterior talofibular and calcaneofibular ligament consistent with a lateral impingement lesion. The current medications were noted to be Narcan, oxybutynin, Benadryl, Gralise, and Nucynta. The diagnoses included status post twisting injury right foot and ankle, posttraumatic arthrofibrosis, and synovitis right ankle with lateral impingement lesion secondary to twisting injury. The treatment plan included home health care 4 hours per day for 4 days per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 4 Hours Per Day, 4 Days A Week, 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 Home Health Services Page(s): 51.

Decision rationale: The California MTUS guidelines indicate that home health services are recommended only for patients who are homebound and who are in need of part time medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services or home health aide services when that is the only care needed. The clinical documentation submitted for review failed to indicate the injured worker would be in need of medical treatment. There was lack of documented rationale for the request. Given the above, the request for Home Health Care 4 Hours Per Day, 4 Days A Week, For 4 Weeks is not medically necessary.