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| <b>Case Number:</b>   | CM14-0064751 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 04/07/2014 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 04/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2014 |

### 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 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:

The records presented for review indicate that this 42-year-old male was reportedly injured on April 7, 2014. The mechanism of injury is noted as a forklift falling onto the left leg. The most recent progress note, dated April 25, 2014, indicates that this is a follow-up from the injured employee's emergency room visit and subsequent surgery on April 7, 2014. Current medications include Percocet, ibuprofen, and Keflex. The physical examination demonstrated ambulation with crutches and a walker. Intact hardware was present at all of the toes and necrosis was noted. A chest x-ray was recommended as well as a follow-up in two weeks. A previous note dated April 23, 2014, states that wound care was performed in the office and home wound care was discussed. A request had been made for home health wound care 2 to 3 times a week for four weeks and was not certified in the pre-authorization process on April 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health and Wound Care Two to Three Times A Week For Four Weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Home Health Services Page(s): 51 of 127.

**Decision rationale:** According to the progress note dated April 23, 2014, the process of wound care was performed and demonstrated for the injured employee during that office visit and it was recommended that he continue his own home wound care. Considering that the injured employee was instructed on how to perform his own home wound care it is unclear why there is a request for home health and wound care. Furthermore home health services are only indicated for those individuals who are homebound on at least a part-time or intermittent basis. There is no documentation that the injured employee is homebound. Therefore, the request for home health and wound care two to three times a week for four is not medically necessary and appropriate.