

<b>Case Number:</b>	CM14-0160858		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 24-year-old male with a date of injury of 08/22/2014. According to the medical file, the patient has a crushing injury to the left wrist/hand and left ankle/foot on 08/22/2014 when an 8000-pound sign fell on him. The patient was airlifted, underwent diagnostics at [REDACTED] which showed dislocations and fractures of the left hand and left tibia/fibula. The patient underwent an ORIF of the left hand/fingers and left ankle was placed in a posterior splint. The patient was hospitalized for 7 days and discharged in a wheelchair and a home-nurse was assigned to assist with dressing changes for the left hand/fingers. According to progress report dated 09/08/2014, the patient was evaluated for in-home nurse evaluation to evaluate for medically necessary home modifications and DME to accommodate the patient's injuries. Examination on this date revealed the patient is in a wheelchair with heavy dressing with multiple pins inserted into the trapezium and in the metacarpophalangeal joints of the index, middle, and ring fingers. There is moderate to severe swelling of the fingers. There was heavy, bulky dressing for closed tibia/fibula fracture. The listed diagnoses are: 1. ORIF, left trapezium dislocation. 2. Index carpometacarpal joint dislocation. 3. Right middle finger of metacarpal shaft fractures. 4. Closed left distal tib/fib fracture. 5. Complaints of depression and stress. The patient was reevaluated on 09/09/2014 and on examination the left ankle was in a splint, and blister sites were now dried. There is no active drainage noted. There was decreased swelling and lateral skin was still not fully healed in the region of the tibia. The patient was re-wrapped in a splint and Keflex was continued. This is a request for in-home RN evaluation, home care assistance, motorized wheelchair lift, and evaluation and treatment with a psychiatrist. The utilization review denied the request on 09/24/2014. Treatment reports from 08/22/2014 through 09/09/2014 were provided for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**In-Home RN evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

**Decision rationale:** This patient presents following a crushing injury to his left wrist/hand and left ankle/foot. This request is for an in-home RN evaluation. The utilization review letter denied the request stating that the patient already had an in-home RN evaluation and has been receiving home care assistance. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." As the medical records document, the patient was assigned a nurse aide immediately following surgery to assist with dressing changes for the left hand/fingers. In this case, the patient already underwent the RN evaluation on 09/08/2014 and a repeat eval would not be indicated at this time. This request is not medically necessary.

**Home care assistance 24 hrs per day, 7 days per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

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

**Decision rationale:** This patient presents following a crushing injury to his left wrist/hand and left ankle/foot. The request is for home care assistant 24 hours per day, 7 days per week for 6 weeks. The utilization letter indicates that the patient has already been given home care assistant. The MTUS page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are home-bound 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the treating physician's request for 24 hour/7 days per week assistance for dressing changes appears to be excessive. The MTUS states home care assistance is recommended for "no more than 35 hours per week." Furthermore, according to report dated 09/08/2014, the patient's spouse is currently present at home and helping with dressing and other aspects of ADLs including self-care. This request is not medically necessary.

**Motorized wheelchair lift: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** This patient presents following a crushing injury to his left wrist/hand and left ankle/foot. This request is for a motorized wheelchair lift. Power Mobility Devices under MTUS pg. 99 states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care."The patient has recently undergone extensive surgery to the left wrist and left ankle/foot, but the treating physician does not discuss the need for a "motorized" wheelchair. MTUS allows for power mobility devices when there is no caregiver who is available and willing to provide assistance with a manual wheelchair. According to report dated 09/08/2014, the patient's spouse is currently present at home and helping with dressing and other aspects of ADLs including self-care. The requested motorized wheelchair is not medically necessary.

**Evaluation and treatment with a psychiatrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 consultation

**Decision rationale:** This patient presents following a crushing injury to his left wrist/hand and left ankle/foot. The current request is for evaluation and treatment with a psychiatrist. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." According to progress report dated 09/08/2014, the patient complains of stress and depression. An evaluation by a psychiatrist would be indicated; however, the request is for evaluation and treatment. Consideration for psychiatric treatment cannot be supported without initial evaluation and specifics including treatment duration, etc. This request is not medically necessary.