

<b>Case Number:</b>	CM14-0179106		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Surgeon, and is licensed to practice in Maine, Nebraska, and Texas. 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 53-year-old female who reported an injury on 02/24/2014. The mechanism of injury was due to a slip. The injured worker has a diagnosis of sprain/strain of the right ankle and status post ankle ligament repair. Past treatment consists of surgery, physical therapy, and medication therapy. On 03/18/2014, the injured worker underwent an MRI of the right ankle without contrast which revealed mortise joint ligamentous with effusion, posterior tibial and peroneal tendinopathy, and Lisfranc ligament sprain. On 09/26/2014, the injured worker underwent right ankle arthroscopic debridement and ligament repair. On 11/04/2014, the injured worker was seen for postop visit. On physical examination, there was mild edema to the right ankle. Wounds were clean, dry and well approximated. The ankle was stable to range of motion. Medical treatment plan was for the injured worker to have postop home care for 30 days for the right ankle. A rationale was not submitted for review. The Request for Authorization form was submitted on 09/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Care Post-Operation for 30 Days for the Right Ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Post-op Home Care x 30 days, right ankle is not medically necessary. The California MTUS Guidelines state home health services are recommended only for patients who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Personal care given by home health aides like bathing, dressing, and using the restroom is appropriate. The submitted documentation indicated that the injured worker was postop right ankle as of 09/26/2014. There was no indication of the injured worker not being able to perform ADLs for herself. Physical examination noted that the injured worker had full range of motion. Furthermore, it was noted in the documentation that the injured worker's ankle was stable. Additionally, there was no rationale submitted for review to warrant the request. Given the above, the patient is not within guideline criteria. As such, the request for Home Care Post Operation is not medically necessary.