

Case Number:	CM14-0074954		
Date Assigned:	07/16/2014	Date of Injury:	09/09/2012
Decision Date:	03/11/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65 year old male with an industrial injury dated 09/09/2012. His diagnoses include Achilles bursitis tendonitis, and exostosis. Recent diagnostic testing was not provided or discussed. The injured worker recently under surgical repair of the left ankle/foot and was instructed to keep cast and dressing dry, and keep left foot elevated. There was no mention of current medications or other treatments. In a progress note dated 05/05/2014, the treating physician reports that the injured worker is status post left foot retro-calcaneal exestectomy, and complaints of pain in the left foot and difficulty getting around by himself. The objective examination revealed guarded muscle strength in the left ankle, Achilles pain in the posterior left heel, and pain with range of motion to the left ankle. The treating physician is requesting home healthcare assistance which was denied by the utilization review. On 05/12/2014, Utilization Review non-certified a request for home health care assistance with activities of daily living 3 days per week for 4 hours daily for 2 weeks, noting the limited evidence that the injured worker is home bound, requires assistance with transfers, bed mobility, and gait/wheelchair use, and no indication that the injured worker is receiving skilled nursing services. The MTUS was cited. On 05/22/2014, the injured worker submitted an application for IMR for review of home health care assistance with activities of daily living 3 days per week for 4 hours daily for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Assistance W/ ADL (Activities of Daily Living) 3 Days per Week 4 Hours Daily for 2 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: According to MTUS guidelines, home care assistance is 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. 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. (CMS, 2004)The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore the request for Home Health Care Assistance W/ ADL (Activities of Daily Living) 3 Days per Week 4 Hours Daily for 2 Weeks is not medically necessary.