

<b>Case Number:</b>	CM15-0002969		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 24-year-old male who reported an injury on 08/22/2014. The mechanism of injury was the injured worker was working at a motor examination gas station when the 8000 pound sign fell, crushing his left wrist and hand and left ankle and foot. The injured worker underwent an open reduction and internal fixation on 08/22/2014, and a second surgery on 09/16/2014. The injured worker underwent an open reduction and internal fixation of a left distal fibular fracture, syndesmosis and removal of external fixator on 10/23/2014. There was a Request for Authorization submitted for review dated 01/06/2015. Prior treatments include physical therapy and occupational therapy. The documentation of 11/23/2014 revealed the injured worker had been discharged from home health services and was to remain in the home setting with the family and under the care of his physician. Additionally, the injured worker would continue outpatient therapy for the left hand and left leg. The documentation of 12/01/2014 revealed the injured worker had heavy dressing with plastic support on the left wrist and hand and heavy dressing with external fixation device on the left ankle. The injured worker was in a wheelchair. The diagnosis included status post open reduction and internal fixation. The request was made for an evaluation and a continuation of home care assistance to assist with activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home RN Eval for Home Care Needs: 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); Forearm, Wrist, & Hand (Acute & Chronic), Office Visits

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

**Decision rationale:** The California Medical Treatment & Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. The clinical documentation submitted for review indicated the injured worker had been discharged from home health services and would be in the home setting with the family. There was a lack of documentation indicating the injured worker was in need of medical treatment. The physician documentation failed to indicate the injured worker was in need of medical treatment. Given the above, the request for in home RN eval for home care needs is not medically necessary.

**Continue Home Care assistance 2 Hours/day, 7 day/week, for 6 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 Medical Treatment & Utilization Schedule recommends home health services for injured workers 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, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The clinical documentation submitted for review indicated the injured worker had been discharged from home health services and would be in the home setting with the family. There was a lack of documentation indicating the injured worker was in need of medical treatment. The physician documentation failed to indicate the injured worker was in need of medical treatment. The clinical documentation submitted for review indicated the injured worker was in need of assistance with his activities of daily living. This would not qualify as medical treatment. Given the above, the request for continued home care assistance 2 hours/day, 7 days/week, for 6 weeks is not medically necessary.