

Case Number:	CM15-0008626		
Date Assigned:	01/28/2015	Date of Injury:	04/02/2013
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/15/2015

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, Hawaii
 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 49 year old male, who sustained an industrial injury on 4/02/2013 when he fell 30 feet through a ceiling. The diagnoses have included right foot claw/hammertoe, deformities, status- post surgical reconstruction, right foot calcaneus-cuboid joint arthritis and bilateral ankle joint stiffness. Treatment to date has included multiple surgical interventions including foot surgery of a right second, third, fourth and fifth hammertoe repair, extensor tendon lengthening and metatarsophalangeal joint capsulotomies, as well as second and fourth toe flexor tenotomy dated 9/22/2014, and second through fifth hammertoe/claw toe reconstruction, with 2, 3, MT osteotomy dated 11/11/2014 and he also underwent triple arthrodesis of the left foot in August 2013. Currently, the IW complains of pain in both feet and ankles. His toes constantly dig into the ground and the tops of his shoes. He has pain along the arch, heel and ankle described as sharp, burning and stabbing. He can stand and walk for up to an hour intermittently. He cannot walk without shoes. Objective findings included the left forefoot shows multiple surgical incisions in good apposition, there is good alignment of the toes and the expected amount of swelling. There is pain over the PIP joint joints and the plantar tips on the toes of both feet. There is pain over the surgical site on the left foot, under both arches and the anterior aspect of both ankles. On 12/29/2014, Utilization Review modified a request for a home health assistant 5 days a week, 8 hours per day, noting that the amount requested exceeds the recommended guidelines. The MTUS was cited. On 12/29/2014, the injured worker submitted an application for IMR for review of a home health assistant 5 days a week, 8 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Assistant (5 days a week for 8 hours per day): Upheld

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

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

Decision rationale: The patient presents with lumbar spine fractures with fusion, fractures of the right calcaneus, fractures of the left calcaneus, fracture of the right elbow, left knee ligamentous tear, and bilateral S1 radiculopathies with weakness of the gastrocnemii and PTSD and is pending bilateral foot surgery. The current request is for Home Health Assistant (5 days a week for 8 hours per day). The treating physician states that the patient has limited mobility and cannot do any cooking, cleaning, or driving which makes him unable to transport himself to doctor's appointments. The treating physician also states, He is still in need for a home health aid for 8 hours a day, 40 hours a week, for the next 60 days, until he gets past his foot surgeries, at which point he will hopefully become more ambulatory and be able to do more for himself in the home setting. (4E) The MTUS guidelines state, 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. In this case, the treating physician has requested 40 hours a week which exceeds the guideline of 35 hours a week and requested the assistant provide a service, such as cleaning, which is not supported by MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.