MAXIMUS Federal Services

Case Number:	CM15-0108251		
Date Assigned:	06/12/2015	Date of Injury:	05/14/2014
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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 33 year old male, who sustained an industrial injury on 5/14/2014. The current diagnoses are pain in ankle/foot joint; status post left ankle arthroscopy and synovectomy (11/12/2014). According to the progress report dated 3/31/2015, the injured worker complains of left ankle pain with radiation into the foot with associated tingling and weakness. The pain is rated 8/10 on a subjective pain scale. The pain is characterized as constant, severe, aching, stabbing, and throbbing. The physical examination of the left ankle reveals restricted range of motion with decreased motor function (4/5). The current medication list is not available for review. Treatment to date has included medication management, x-rays, MRI studies, cold application, physical therapy, and surgical intervention. MRI shows tear of the peroneus brevis tendon. The plan of care includes home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Help at Home (DOS: 11/12/2014-12/31/2014): 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 service Page(s): 51.

Decision rationale: The patient presents on 03/31/15 with left ankle pain rated 8/10, which radiates into the left foot. The patient's date of injury is 05/14/14. Patient is status post left ankle arthroscopy with synovectomy, Brostrom ankle ligament repair, and debridement of the peroneal tendons on 11/12/14. The request is for HELP AT HOME (DOS: 11/12/2014-12/31/2014). The RFA was not provided. Physical examination of the left ankle dated 03/31/15 reveals a healed surgical scar, restricted range of motion in all planes, decreased motor strength, and decreased light touch sensation over the lateral aspect of the left foot in a "patchy" distribution. The patient is not currently prescribed any medications. Diagnostic imaging was not included, though progress note dated 03/31/15 references undated MRI of the left ankle as showing: "tear of the peroneus brevis tendon." Per 03/31/15 progress note, patient is advised to remain off work until 04/16/15.MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In regard to the retrospective request for unspecified household help, non-medical "help at home" does not constitute appropriate in-home medical treatment. There are no discussions provided regarding this request and the treater does not document the patient's functional level or social situation. The patient did undergo left ankle surgery, though the exact functional loss following this procedure is not documented. Without an explanation as to what sort of medical help is/was needed around the house, or a description of the patient's functional status, the request as written cannot be substantiated. The request IS NOT medically necessary.