

Case Number:	CM15-0015665		
Date Assigned:	02/03/2015	Date of Injury:	05/23/2013
Decision Date:	05/12/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43-year-old male, with a reported date of injury of 05/23/2013. The diagnoses include status post multiple surgeries on the left leg for intramedullary fixation of the left tibia and massive reconstruction with free flap transfer with resultant left ankle stiffness and left knee pain and non-union of the left tibia. Treatments have included physical therapy and oral pain medication. The orthopedic evaluation and supplemental report dated 12/30/2014 indicates that the injured worker complained of constant pain in the left leg, left ankle, and left knee. He also complained of on and off swelling, discoloration, and heaviness of the leg. The physical examination showed tenderness at the middle third of the left leg on palpation, and tenderness along the lateral and dorsal aspect of the left ankle joint line, and over the sinus tarsi. The treating physician requested post-operative inpatient home health for three weeks. The rationale for the request was not indicated. On 01/08/2015, Utilization Review (UR) denied the request for post-operative inpatient home health times three weeks. The UR physician noted that there were no medical confounding issues and no clear reason why the request was submitted. The Center for Medicare and Medicaid services (CMS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op in patient home health x 3 weeks: 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: This 43 year old male has complained of left leg pain since date of injury 5/23/13. He has been treated with surgery, physical therapy and medications. The current request is for post op in patient home health x 3 weeks. Per the MTUS guidelines cited above, home health services are 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 (shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom). There is no included provider rationale in the medical documentation regarding the necessity of home health services. On the basis of the available medical documentation and above cited MTUS guidelines, post op in patient home health x 3 weeks is not indicated as medically necessary.