

Case Number:	CM15-0132810		
Date Assigned:	07/20/2015	Date of Injury:	08/27/2014
Decision Date:	08/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 8/27/2014. He reported stepping on a nail and being diagnosed with Methicillin resistant Staphylococcus aureus (MRSA) in the wound. Diagnoses include ulcer right foot, right foot abscess, and severe peripheral neuropathy, status post multiple surgical procedures to right foot. Treatments to date include antibiotic therapy, analgesic, and durable medical equipment due to non-weight bearing status. Currently, he complained of right foot pain. The records indicated a chronic right foot ulcer. On 5/21/15, the physical examination documented an open planter foot ulcer of the right foot with erythema, edema, serous drainage and red beefy base measuring 2cm x 2.5cm, x 3mm with 1cm deep base. The medical records indicated concern for possible osteomyelitis. The plan of care included forty-five (45) home health care visits for wound care and dressing changes between 6/24/15 and 8/8/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forty-five (45) Home health care visits for wound care/dressing changes: Overturned

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.

Decision rationale: According to the MTUS guidelines 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 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. In this case, the claimant had a foot ulcer with infection that can take several months to heal. Home health for dressings is appropriate in a high-risk infected wound to avoid limb loss and hospital admission. Therefore, the request is medically necessary.