

<b>Case Number:</b>	CM15-0145474		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/20/2008
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: California, New York  
Certification(s)/Specialty: Podiatrist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 11-20-2008. The mechanism of injury is not detailed. Evaluations include right ankle x-rays dated 7-2-2015. Diagnoses include Achilles tendinosis, acquired equinus deformity of the foot, and haglund's deformity. Treatment has included oral medications. Physician notes dated 7-2-2015 show complaints of right ankle pain. Recommendations include surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health aide to assist with activities of daily living 24/7 for first 2 weeks post-operatively until 8/24/15, then daily care for the following 6 weeks: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Home Health Services Page(s): 51. Decision based on Non-MTUS Citation 1. J Bone Joint Surg Am. 2008 Sep;90(9):1876-83. doi: 10.2106/JBJS.G.01242. The influence of early weight-bearing compared with non-weight-bearing after surgical repair of the Achilles tendon.2. Early motion of the ankle after operative treatment of a rupture of the Achilles tendon. A prospective, randomized clinical and radiographic study.Mortensen HM1, Skov O, Jensen PE.

**Decision rationale:** MTUS guidelines for home health services have no provision for medical treatment beyond 35 hours per week, not to exceed 6 weeks. Medical treatment as stated in the guidelines does not include the basic activities of daily living or the provision of homemaker services. The proposed procedures are successfully managed post operative by offloading the surgically affected structure for a succinct period during recovery [1][2].Reference is not given in the medical record as to the need for an extended period of non weight bearing. The need for the proposed post operative care is not certified by the record. There is no indicator given for the medical necessity for the proposed post-operative regimen. Therefore, the request is not medically necessary.