

<b>Case Number:</b>	CM15-0200766		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/18/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 injured worker is a 49 year old female who reported an industrial injury on 6-18-2015. Her diagnoses, and or impressions, were noted to include: right ankle ulceration with cellulitis and pain. No imaging studies were noted. Her treatments were noted to include: wound cultures; x-rays of the right tibia & fibula (7-27-15); oral and topical antibiotic therapy; wound care dressing supplies for dressing changes; [REDACTED] evaluation-treatment with Cruetta excision of necrotic tissue and irrigation of wound on 8-5-2015, and follow-up visits on 9-2-15, 9-9-15; and rest from work. The wound care progress notes of 8-26-2015 reported: that she still had some issues and was unable to fully walk on her right leg that was with excruciating pain. The objective findings were noted to include: continued pain, with improved redness and swelling, and with pain upon palpation to the right ankle wound, described as 4.2 x 1.3 cm in size, by 0.2 cm deep, and still down into the muscle layer; and an infected ulcer at the ankle, secondary to trauma with cellulitis and pain. The physician's requests for treatment were noted to include: an extension of her return-to-work date to 10-1-2015; crutches; and home health for dressing changes. The Request for Authorization (RFA), dated 9-9-2015, was noted for a home health Nurse for wound care, 1-2 x a week, or as ordered. The Utilization Review of 9-16-2015 modified the request for a home health Nurse, 1-2 x a week for 6 weeks, for wound care, to 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health nurse for wound care 1-2 a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing a healing infected ankle ulcer (a type of wound). There was no discussion sufficiently detailing the worker's homebound status, unmet skilled medical needs requiring a nurse, or special circumstances that would sufficiently support the need for these services. In the absence of such evidence, the current request for an unspecified number of weekly hours and visits by a home health nurse for wound care done once or twice weekly for six weeks is not medically necessary.