

Case Number:	CM15-0028854		
Date Assigned:	02/20/2015	Date of Injury:	01/08/2015
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 23 year old male sustained an industrial injury a crush injury to the right lower extremity on 1/8/15. The injured worker was diagnosed with right popliteal artery injury, tibia plateau fracture, tibia metaphysis fracture and fibular head fracture. The injured worker underwent popliteal artery bypass graft (1/8/15), external fixation with four compartment fasciotomy and VAC application (1/8/15), reduction and manipulation of knee joint (1/12/15) and multiple procedures for incision and drainage with staged fasciotomy wound closure from 1/10/15 to 1/15/15. Upon hospital discharge, the injured worker was set up with home health nursing and physical therapy visits for wound care, pin site care and heparin injections. In an office visit dated 1/26/15, the injured worker reported that he was having muscle spasms without paresthesias. The injured worker was performing pin site care with family assistance. Physical exam was remarkable for external fixator in place, incisions clean, dry and intact without redness and intact sensation. The treatment plan included removal of external fixator in approximately three weeks. The physician noted that the injured worker had 14 remaining days of low molecular weight heparin. The injured worker had already received four home health nurse visits. On 2/4/15, Utilization Review noncertified a request for Home Health Visits (QTY: 3), citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Visits (QTY: 3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As per MTUS chronic pain guidelines, home health aid/services may be recommended for medical treatment in patients who are bed or home bound. MTUS guidelines do not recommend any services beyond 35 hours per week. Patient potentially meets indications for home health visit but this is an incomplete request with no number of hours requested for each visit. Without this information, this independent medical review is not able to determine if the request meets MTUS guidelines. The request for 3 home health visits is an incomplete request and is therefore not medically necessary.