

<b>Case Number:</b>	CM15-0029325		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Physical Medicine & Rehabilitation

### 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 24-year-old male, who sustained an industrial injury on August 22, 2014. The injured worker has sustained a left hand and left ankle injury. The diagnoses have included closed fracture of carpal bones, closed fracture of metacarpal bones, fracture of the tibia and fibula closed and closed fracture of unspecified part of fibula alone. Treatment to date has included medications, a near complete amputation of the left hand devascularized, an open reduction and internal fixation of the left ankle, physical therapy, occupational therapy and home health nursing care. Current documentation dated January 6, 2015 notes that the injured worker complained of left hand and wrist pain and left ankle and foot pain. Examination of the left wrist revealed pain and a decreased range of motion. The injured worker was noted to be wearing a wrist brace. Examination of the left ankle noted that the injured worker complained of residual pain symptoms and was wearing a boot for ambulation and using a wheelchair at home. On January 16, 2015, Utilization Review non-certified a request for a home registered nurse evaluation for home care needs and continued home care assistance two hours a day, seven days a week for six weeks. The MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home RN home care evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The patient presents with pain in the left wrist and hand rated 6/10 and left ankle/foot pain rated 6/10. The patient's date of injury is 08/22/14. Patient is status post open reduction and internal/external fixation of the left ankle on 09/16/14, near complete amputation of the left hand with debridement and foreign body removal on 08/22/14. The request is for in home RN home care evaluation. The RFA is dated 01/06/15. Physical examination dated 01/06/15 reveals reduced range of motion to the left ankle, well healed surgical scars at the ankle and hand surgical sites. The progress note is hand written and poorly scanned, the remaining physical findings are illegible. The patient's current medication regimen was not provided. Diagnostic imaging included CT of the left lower extremity dated 09/09/14, significant findings include: "medial and lateral malleolar fractures with displaced bone fragments, non-displaced fracture through the navicular bone." Patient is temporarily totally disabled. MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." There are no discussions provided regarding this request, but the patient has had a serious injury with multiple fractures and near complete amputation of the left hand. Although the treater does not document the patient's functional level very well, a home RN evaluation to determine any home health needs and to assess home/social situation would appear reasonable. The request IS medically necessary.

**Continued home care assistance 2 hours per day, 7 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The patient presents with pain in the left wrist and hand rated 6/10 and left ankle/foot pain rated 6/10. The patient's date of injury is 08/22/14. Patient is status post open reduction and internal/external fixation of the left ankle on 09/16/14, near complete amputation of the left hand with debridement and foreign body removal on 08/22/14. The request is for continued home care assistance 2 hours per day 7x6. The RFA is dated 01/06/15. Physical examination dated 01/06/15 reveals reduced range of motion to the left ankle, well healed surgical scars at the ankle and hand surgical sites. The progress note is hand written and poorly scanned, the remaining physical findings are illegible. The patient's current medication regimen was not provided. Diagnostic imaging included CT of the left lower extremity dated 09/09/14, significant findings include: "medial and lateral malleolar fractures with displaced bone fragments, non-displaced fracture through the navicular bone." Patient is temporarily totally

disabled. MTUS Guidelines page 51 has the following regarding home service, "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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." There are no discussions provided regarding this request and the treater does not document the patient's functional level and home social situation very well to determine the need for home help. The patient did suffer a serious injury with multiple fractures and near complete amputation of left hand. The treater has asked for home RN evaluation and pending this evaluation, the patient's home need/situation may be better elucidated. Until such additional information is provided, the current request for home help cannot be considered. There is no explanation as to what kind of home aid is needed, what social situation we are looking at, and what kind of self-care help is needed for the patient. The request IS NOT medically necessary.