

<b>Case Number:</b>	CM15-0213243		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 56 year old male, who sustained an industrial injury on 5-27-10. The injured worker was being treated for right foot and ankle pain and right ankle equinovarus deformity. On 9-21-15, the injured worker reports persistent improvement in knee symptoms following exostectomy and has had 2 occurrences of something popping in his ankle with some associated pain. He notes improvement in function with bracing but has difficulty with his foot fitting into shoe-wear. Work status is unclear. Physical exam performed on 9-21-15 revealed well healed surgical scars of bilateral knees, restricted knee range of motion, significant scarring of skin grafting on right lower extremity, absent active ankle dorsiflexion and some plantar flexion, mild residual tenderness, mild clawing of lesser toes, hindfoot in a more neutral position postoperatively, less varus and sensation is markedly diminished in foot and ankle. Treatment to date has included bilateral knee arthroplasty, multiple surgical procedures of right foot and ankle; physical therapy, exostectomy, AFO brace, oral medications including Gabapentin, Omeprazole, Oxycodone and Valium and Fentanyl patches and activity modifications. On 10-19-15 request for authorization was submitted for physical therapy, extra depth shoes, transportation to and from medical appointments and in-home assistance. On 10-28-15 request for home health assistance 4 hours per week was modified to home health evaluation, 1 visit by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home assistance 4 hours per week: 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 patient presents on 09/21/15 for a follow-up examination of his bilateral knee and right lower extremity. The patient's date of injury is 05/27/10. Patient is status post bilateral total knee arthroplasty, and status post multiple right lower extremity surgical procedures. The request is for in home assistance 4 hours per week. The RFA is dated 10/19/15. Physical examination dated 09/21/15 reveals restricted knee range of motion on flexion, significant scarring of the skin grafts on the right lower extremity, absent active right ankle dorsiflexion, reduced right ankle plantarflexion, mild clawing of the lesser toes of the right foot, and markedly reduced sensation in the foot and ankle. The patient is currently prescribed Amlodipine, Coumadin, Fentanyl, Gabapentin, Lostartin, Metoprolol, Omeprazole, Oxycodone, Simvastatin, and Valium. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound 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." In regard to the request for a health aide to assist this patient with activities of daily living, such services are not medical in nature and not supported by guidelines. Progress note dated 09/21/15 has the following regarding this request: "He is still unable to drive and would require transportation to and from medical appointments, and would need assistance with shopping, assistance with bathing. His nurse case manager tells me that he is receiving three to six hours of covered in-home help a week at the present time. I believe he would require continued four hours a week of in-home help to provide services accommodated for his worker's compensation disabilities." MTUS guidelines support home health aide for patients whose medical care requires a professionally trained assistant, though MTUS does not consider home-care for activities of daily living a medical treatment. In this case, it is not clear if the provider is requesting 4 hours of in-home assistance per week in addition to the in-home nursing care, or if this request is an extension of already-approved care - though the provider does indicate that the requested services include ADL assistance. While this patient does present with significant hardship secondary to his disability, such home-making services do not constitute medical treatment and cannot be substantiated according to MTUS guidelines. The request is not medically necessary.