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| Case Number: | CM15-0216865 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 10/08/2015 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/28/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on 10-8-15. The injured worker was diagnosed as having right ankle lateral malleoli fracture and slightly displaced 5th metatarsal fracture of the left foot. Treatment to date has included a home health aide, bilateral short leg casts, and medication including Tramadol HCL Acetaminophen. On 10-27-15 the treating physician noted the injured worker "stated that the pain in her ankle and foot had lessened, however, it was impossible for her to navigate between her sofa, bed, and toilet due to non-weight bearing restrictions on her bilateral lower extremities." Physical exam findings on 10-14-15 included bruising on the lateral right ankle and bursting on the left foot. The left ankle had full range of motion and sensation was intact. On 10-27-15, the injured worker complained of ankle and foot pain. The treating physician requested authorization for a [REDACTED] lift for home and home health nurses. On 10-28-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **Lift For Home:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Durable medical equipment (DME).

Decision rationale: The claimant sustained a work injury in October 2015 when she fell down stairs. She was seen for an initial evaluation by the requesting provider on 10/14/15. She presented on a stretcher. She was having bilateral lower extremity pain. She had been provided with a CAM boot on the right and posterior splint on the left. Physical examination findings included right lateral ankle and left fifth metatarsal bruising. She was unable to move her lower extremities against resistance due to pain. There was normal ankle range of motion. Imaging results were reviewed with findings of a left fifth metatarsal fracture which was slightly displaced and a right ankle lateral malleolar fracture which was nondisplaced. She was placed in bilateral short leg casts. A [REDACTED] lift and home health aide were requested. She has a body mass index of 28.3. Durable medical equipment can be recommended if there is a medical need and if the device or system meets the Medicare definition of durable medical equipment (DME). In this case, the claimant's weight bearing status is not reported. Even if she is non weight bearing, use of a knee walker and bilateral upper extremity supports or sliding board transfers with use of a wheelchair would be expected. There would be no need for a [REDACTED] lift. The claimant can be evaluated by a physical or occupational therapist and instructed in these techniques. She is not morbidly obese and has no upper extremity impairment. The requested [REDACTED] lift is not medically necessary.

Home Health Nurses (No Frequency Or Duration Provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a work injury in October 2015 when she fell down stairs. She was seen for an initial evaluation by the requesting provider on 10/14/15. She presented on a stretcher. She was having bilateral lower extremity pain. She had been provided with a CAM boot on the right and posterior splint on the left. Physical examination findings included right lateral ankle and left fifth metatarsal bruising. She was unable to move her lower extremities against resistance due to pain. There was normal ankle range of motion. Imaging results were reviewed with findings of a left fifth metatarsal fracture which was slightly displaced and a right ankle lateral malleolar fracture which was nondisplaced. She was placed in bilateral short leg casts. A [REDACTED] lift and home health aide were requested. She has a body mass index of 28.3. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the

bathroom when this is the only care needed. In this case, the claimant's weight bearing status is not reported. Even if she is non weight bearing, use of a knee walker and bilateral upper extremity supports or sliding board transfers with use of a wheelchair would be expected. The claimant can be evaluated by a physical or occupational therapist and instructed in these techniques. She is not morbidly obese and has no upper extremity impairment. There would be no need for two home health nurses for an indeterminate period of time and unspecified frequency and duration. The request is not medically necessary.