

<b>Case Number:</b>	CM15-0030147		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Arizona

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 61-year-old female who reported an injury on 01/30/2004. The mechanism of injury was not specifically stated. The current diagnoses include discogenic lumbar condition, internal derangement of the left knee, status post left knee arthroscopy, left ankle sprain, left hip arthritis, status post left hip replacement, and chronic pain syndrome. The injured worker presented on 10/09/2014 for a follow up evaluation with complaints of persistent pain over multiple areas of the body. The injured worker indicated that she proceeded to the emergency department secondary to severe ankle pain. Previous conservative treatment includes home exercise, lumbar bracing, knee bracing, ankle bracing, TENS therapy, heat/cold therapy, and neck traction. Upon examination, there was tenderness along the Achilles tendon as well as the retro Achilles area. There was also tenderness along the lumbar spine and groin area. Recommendations at that time included evaluation of the Achilles tendon with removal of degenerative tissue and reattachment. The injured worker was also instructed to continue with Effexor, trazodone, Protonix, tramadol, and LidoPro cream. A Request for Authorization was then submitted on 11/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In home care nursing help for 24 hours following left ankle surgery: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Home Health Care.

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

**Decision rationale:** California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis, generally up to no more than 35 hours per week. In this case, the request for in home nursing care for 24 hours would not be supported without an indication that the injured worker would be home bound following surgery. The specific type of services required were not listed in the request. California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Given the above, the request is not medically necessary.

**Nursing help 3 hours a day for 2 months after surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Home Health Care.

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

**Decision rationale:** California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis, generally up to no more than 35 hours per week. In this case, the request for in home nursing care for 24 hours would not be supported without an indication that the injured worker would be home bound following surgery. The specific type of services required were not listed in the request. California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Given the above, the request is not medically necessary.

**Physical therapy on the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 13.

**Decision rationale:** California MTUS Guidelines state the "initial course of therapy" means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. There was no specific quantity listed in the request. Therefore, the request is not medically appropriate at this time.