

Case Number:	CM15-0040349		
Date Assigned:	03/10/2015	Date of Injury:	04/02/2013
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: California

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 48-year-old male who sustained a work related injury April 2, 2013, after falling 30 feet through a church ceiling. He had multiple injuries throughout his body; foot and ankle injuries included a right open calcaneus fracture and I&D, but no surgical repair; on the left, multiple fractures and underwent triple arthrodesis of the left foot August, 2013. Past history includes L4 lumbar fracture decompression and fusion, multiple rib fractures, right elbow and wrist fractures, comminuted fracture right tibia s/p rodding, arthroscopy meniscectomy left and right knee with debridement. On September 22, 2014, repair of claw toe deformities right foot, second, third, fourth and fifth toes. According to a post-op follow-up report dated January 5, 2015, the injured worker presented and doing well. Pain is controlled and is primarily in a wheelchair but stands four times a day. Diagnoses are documented as right claw toe/hammertoe deformities, s/p surgical reconstruction; left forefoot deformities, s/p reconstruction; s/p left foot triple arthrodesis; right foot calcaneus cuboid joint arthritis; bilateral joint stiffness. Treatment plan included physical therapy for gait training of both lower extremities and he may be weight bearing as tolerated on the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services, 40 hours per week x 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.