MAXIMUS Federal Services

Case Number:	CM15-0043503		
Date Assigned:	03/13/2015	Date of Injury:	02/09/2007
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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: Preventive Medicine, Occupational Medicine

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 67 year old female, who sustained an industrial injury on 2/9/2007. She has reported an altercation resulting in a fall subsequently fracturing the right distal femur and underwent surgical correction by plate osteosynthesis. The discharge summary dated 1/29/15 documented that the fracture failed to unite, and one year later underwent removal of hardware and retrograde intramedullary nailing of the right femur, which also failed to completely unite. On 1/26/15, she underwent Open Reduction and Internal Fixation (ORIF) of the right distal femur non-union. After three days inpatient, she was discharged on toe touch weight bearing with a knee immobilizer in place and using a walker for ambulation. The diagnoses have included non-union of right distal femur, status post ORIF. Treatment to date has included post operative medication therapy, knee immobilizer, walker for ambulation and post operative physical therapy. Currently, the IW complains of post operative pain and difficulty with Activities of Daily Living (ADLs). The physical examination from 2/5/15 documented global swelling around distal femur and knee, Range of Motion (ROM) documented 0-50 degrees, mild pain with oxycodone use. The plan of care included mobilization, Range of Motion (ROM) exercises, partial protective weight bearing with brace and the walker. A request for a home health aide four hours a day five days a week was requested due to inability of her husband (caretaker) to assist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide 4 hour/day, 5 days x 2 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Office, Home health services Page(s): 51.

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

Decision rationale: Home health care is a wide range of supportive health care services given in the patient's home for an illness or injury, frequently given to patients recovering from recent surgery or hospitalization. This service means medical professionals providing short-term nursing, rehabilitative, therapeutic, and assistive health care. Examples of skilled home health services include: wound care for pressure sores or a surgical wound, monitoring serious illness and unstable health status, or helping patient regain independence and become as self-sufficient as possible. The MTUS does not recommend it as only used for routine personal care activities such as bathing, dressing or using the bathroom nor for homemaker activities such as shopping, cleaning or laundry. This patient's needs does meet the definition in the MTUS in that she has just had major orthopedic surgery and hospitalization, is in a partial weight bearing status and has need for surgical wound care, and assistive/rehabilitative health care. Medical necessity for this service has been established.