

Case Number:	CM15-0052652		
Date Assigned:	03/26/2015	Date of Injury:	07/28/2014
Decision Date:	05/04/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62-year-old male, who sustained an industrial injury on 7/28/2014, after a forklift ran over both of his feet. The injured worker was diagnosed as having crush injury to the right and left feet. Treatment to date has included conservative measures, including diagnostics, magnetic resonance imaging of the right foot dated 9/22/2014, magnetic resonance imaging of the left foot dated 9/22/2014, and medications. Currently, the injured worker complains of neck pain and numbness in both feet. His pain was rated 3/10 and was increased with prolonged standing and sitting. A planned surgery date of 2/24/2015 was noted for arthrodesis tarsometatarsal joints 1, 2 and 3 of the right foot, along with a request for a home health evaluation by a Registered Nurse, and treatment as indicated for activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation by RN and treatment as indicated for ADL's: Upheld

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

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

Decision rationale: According to MTUS guidelines, home care assistance is "Recommended only for otherwise recommended medical treatment for patients who are homebound, 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." (CMS, 2004) The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore, the request for Home Health Evaluation by RN and treatment as indicated for ADL's is not medically necessary.