

Case Number:	CM14-0128312		
Date Assigned:	08/18/2014	Date of Injury:	03/13/2014
Decision Date:	10/15/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 72-year-old female with a date of injury of 03/13/2014. The listed diagnoses per [REDACTED] are: 1. Lumbar spine sprain/strain. 2. Left ankle/foot fracture. 3. Left leg fracture. 4. Posttraumatic stress. 5. Sleep disorder. According to progress report 04/15/2014, the patient sustained injuries and fracture to her left leg on 03/13/2013. It was noted the patient was wheelchair-bound and lower leg was in a cast. Treater is requesting an x-ray of the lumbar spine, referral to orthopedic, a wheelchair, and home healthcare for 32 visits. Utilization review denied the request on 08/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty two visits of home health care for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient underwent ORIF of the left bimalleolar ankle fracture/dislocation with plate and screw fixation on 03/14/2014. It was noted the patient was discharged and has been attending physical therapy. Recent notes indicate the patient has a

decrease in pain and ambulation is progressing. The treater is requesting 32 visits of home healthcare. The MTUS page 51 has the following regarding home services, "Recommended 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. 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 treater does not discuss if there are any medical care needed at home. MTUS guidelines do not support home-care if "this is the only care needed." Furthermore, the treater is requesting 32 visits but does not specify duration of these visits. MTUS does not recommended more than 35 hours per week for patients that are home-bound and require medical attention at home. Therefore, this request is not medically necessary.