

Case Number:	CM14-0173285		
Date Assigned:	10/24/2014	Date of Injury:	05/13/2012
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 injured worker is a 57-year-old woman who injured her right ankle on 5/13/12. She was diagnosed with a right ankle fracture. She underwent ankle surgery on 11/20/12. She was later noted to have instrumentation scarring and joint synovitis as per MRI on 7/10/14 right ankle. She received several physical therapy visits. She was made nonweightbearing for 6 weeks due to concern of fracture of the fibula status post hardware removal. Upon follow-up on 9/4/14, it was noted that the injured worker had plateaued with physical therapy. Request was then made for home health aide for 4 hours per day to assist in performing ADLs (activities of daily living) such as bathing.

IMR ISSUES, DECISIONS AND RATIONALES

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

(6) Weeks of Home Health Aide visits (4 hours per day): Upheld

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

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

Decision rationale: The request for home health aide does not include request for medical services. MTUS guidelines indicate recommendation for home health services for medical

treatments for homebound patients. The documentation provided does not provide support of medical treatment needs such as nursing or physical therapy. The request as stated is therefore not medically necessary.