

Case Number:	CM14-0085748		
Date Assigned:	07/23/2014	Date of Injury:	05/11/2007
Decision Date:	10/14/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 male who initially presented with a open wound/ulcer at the right heel. A clinical note dated 07/28/14 indicated the injured worker presenting for wound recheck. The injured worker denied any new trauma to the right foot or ankle. The injured worker sustained a crush type injury at the right foot with resultant ulcer at the heel and mid foot. Upon exam, a callus was identified at the sub-metatarsal area of the right foot which had opened with full thickness fissure. The injured worker was recommended for partial weight bearing secondary to wound. A clinical note dated 07/25/14 indicated the injured worker continuing with treatment to the right foot trauma and heel ulcer. The injured worker wore a kerlix dressing and crow boot. The injured worker underwent amputation at the metatarsals at the first and fifth metatarsals of the right foot. The injured worker continued with fissure and callus formation at the affected area. A clinical note dated 06/11/14 indicated the injured worker demonstrating 20 degrees of right foot plantarflexion. All other ranges were in normal limits. The injured worker was able to shower himself. The injured worker was recommended for home health aide in order to address the wound care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 5 times/week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The request for home health aide five times a week times six months is not medically necessary. The injured worker presented with crush type injury at the right foot with resultant ulcer at heel. A home health nurse is recommended for intermittent care. The injured worker has been utilizing home health aide. However, the injured worker is partial weight bearing despite the need for wound care. No information was submitted regarding current home status including any other family living within the home setting. No other information was submitted regarding medical needs. Given the lack of information of home status a home health aide is not medically necessary.