

<b>Case Number:</b>	CM14-0086114		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/24/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Medicine 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 25 year old male who was injured on 12/24/13 when he slipped and fell on top of a rack of wine glasses. The injured worker suffered a laceration to the right buttock. The injured worker was evaluated and the laceration was washed out and closed. The injured worker reported to the emergency department three days later with an inability to void. A CT of the pelvis was performed and revealed tracking of air from the right buttock laceration toward the rectum and fluid tracking was noted toward the left buttock. As this was suggestive of a missed rectal injury the injured worker underwent rectal examination under anesthesia, irrigation of rectal laceration and loop sigmoid colostomy on 12/31/13. The injured worker was discharged on 01/05/14 with supplies for ostomy. The injured worker returned to the emergency department on 01/09/14 with complaints of increased pain and swelling. The injured worker was treated for gluteal abscess with surrounding cellulitis and underwent bedside drainage. It is noted the injured worker's wife was instructed on wound care. Home healthcare was arranged and the injured worker received skilled nursing visits at home for wound care periodically from 01/11/14 through 05/01/14. It is unclear how many skilled nursing visits were completed; however, Utilization Review history indicates that 12 visits were authorized with certification dates of 01/06/14 through 01/06/15. A request for home healthcare with skilled nursing was submitted on 05/07/14 and subsequently denied by Utilization Review dated 05/09/14. This rationale indicates the initial authorization was for 12 nursing visits from 01/12/14 to 3/21/14. It is noted an additional 8 nursing visits were requested beginning 03/22/14 for weekly visits. It is stated that on 05/01/14 the claimant was reported to have adequate knowledge for his colostomy care. It is noted the wife performs the daily wound packing when the nurse is not visiting. The request is denied based on the lack of necessity for home health to continue to monitor dressings over two months following the initial visit. It is noted that the dressings were being adequately performed

by the injured worker's wife and caregiver. An appeal was submitted on 05/13/14 and denied by UR dated 05/28/14. This is an initial appeal.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Request for Home Healthcare- Skilled Nursing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Home Healthcare with skilled nursing visits is not recommended as medically necessary. MTUS Chronic Pain Medical Treatment Guidelines state home health services are only recommended for individuals who are homebound. Records do not indicate the injured worker is homebound. It is noted the injured worker is able to attend appointments and lives with his wife who is able and willing to care for the injured worker. Records indicate the previous home health visits were authorized for wound care. It is noted that the injured worker's caregiver (indicated to be his wife) was able to appropriately attend to the injured worker's wound to include properly dressing and packing the wound. Based on the clinical information provided, medical necessity of continued Home Healthcare with skilled nursing visits is not established.