

Case Number:	CM14-0089628		
Date Assigned:	07/23/2014	Date of Injury:	10/01/2013
Decision Date:	10/02/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 an 87 year old male with a work injury to his right foot dated 10/1/13. The injury occurred when a forklift driver drove by and drove over the right foot with the wheel of the forklift crushing his foot. The diagnoses include a crush injury to the foot. Under consideration is a request for retrospective home health services for 2 hours per day for 7 days from 5/6/14 to 5/23/14 and Prospective until 6/14/14. There is a primary treating physician report dated 5/15/14 that states that the patient has a primary complaint of a crush with laceration located in the right foot. He describes it as tingling numbness. He says that it seems to be present on a constant basis. He has noticed that it is made worse by walking. It is improved with elevation. He feels it is improving. His pain level is 5/ 10. He states he is currently not working. He is not taking medication for this injury. He has attended 6/6 P.T sessions. No referrals or studies pending. On exam he appears to be in good general health. He ambulates using crutches. He has a normal affect without sign of anxiety or depression. Response to pain is appropriate for condition. On exam of the foot and ankle: Achilles tendon is normal. Bruising is not present. Movement of the foot causes pain. Dorsalis pedis pulse is present. Posterior tibialis pulse is present. Range of motion is limited. Swelling is decreased, not draining now. Numbness top of foot is status post (s/p) crush injury. The plan includes continuing physical therapy (PT). Per documentation a 04/07/2014 follow up visit with patient's physician noted that the patient denied ankle pain but complained of tingling and a burning sensation of the right foot and toes. It was noted that upon examination, his wound had healed and he showed no evidence of swelling or tenderness to palpation. His treatment plan included orthotics, gait training therapy after receiving orthotics, and discontinuation of wound care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Home Health Services for 2 hours per day for 7 days from 5/6/14 to 5/23/14 and Prospective until 6/14/14: 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 Page(s): 51.

Decision rationale: Retrospective home health services for 2 hours per day for 7 days from 5/6/14 to 5/23/14 and prospective until 6/14/14 are not medically necessary. The documentation does not indicate that the patient is homebound. The MTU S guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis; 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. The documentation is not clear on what medical treatment the patient has received from home health services between 5/16/14 through 5/23/14. Retrospective home health services for 2 hours per day for 7 days from 5/6/14 to 5/23/14 and prospective until 6/14/14 are not medically necessary.