

Case Number:	CM15-0009349		
Date Assigned:	01/27/2015	Date of Injury:	09/19/2014
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on 09/19/2014. She has reported left ankle injury/pain. The diagnoses have included right ankle sprain and status post open reduction and internal fixation of the trimalleolar fracture dislocation of the left ankle. Treatment to date has included medications and surgical intervention. Surgical intervention has included open reduction and internal fixation of the trimalleolar fracture dislocation of the left ankle, performed on 09/20/2014. A progress note from the treating physician, dated 12/02/2014, documented a follow-up visit with the injured worker. The injured worker reported that the ankle is feeling better; difficulty in ambulating; stiffness, weakness, and discomfort in the left ankle with any type of standing or walker; walking with a CAM walker boot; and difficulty with housework and cooking. Objective findings included stiffness of the ankle; able to dorsiflex 10 degrees and plantar flex 20 degrees; 1+ discomfort on palpation about the ankle; and x-rays show the fracture of the ankle healing and in good position. The treatment plan has included request for continue with a home health aide for twice a week for another month; physical therapy for range of motion and strengthening for her ankle; gradually discontinue walker boot inside the home; and follow-up evaluation in five weeks. On 12/16/2014 Utilization Review noncertified a prescription for Continue Home Health Aid; two (2) times a week for one (1) hour per day for four (4) weeks. The CA MTUS, Chronic Pain Medical Treatment Guidelines was cited. Utilization Review modified a prescription for Physical Therapy with hotpack/range of motion (ROM)/strengthening; twenty-four (24) sessions (3x8), left ankle, to Certify Twelve (12) Physical Therapy sessions. The CA MTUS, Post-Surgical Treatment Guidelines: Ankle and Foot

Complaints was cited. On 01/15/2015, the injured worker submitted an application for IMR for review of a prescription for Continue Home Health Aid; two (2) times a week for one (1) hour per day for four (4) weeks; and for Physical Therapy with hotpack/range of motion (ROM)/strengthening; twenty-four (24) sessions (3x8), left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue home health aid; two (2) times a week for one (1) hour per day for four (4) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry. Medical treatment does not include personal care given by home health aides like bathing, dressing, and using the bathroom. Medical treatment does not include home health aides. Home health aides are not considered medical treatment, and are not recommended. Home health services are recommended only for medical treatment for patients who are home bound. Home health services are recommended only for medical treatment. Open reduction internal fixation of a left ankle trimalleolar fracture was performed on 09-20-2014. The orthopedic surgeon's report dated December 2, 2014 documented that the patient was walking with a CAM walker boot. Dorsiflexion was 10 degrees. Plantar-flexion was 20 degrees. There was 1+ discomfort on palpation of the ankle. X-rays showed that the fracture of the ankle appeared to be healing and in good position. The patient was not home bound. MTUS guidelines state that home health services are recommended only for medical treatment for patients who are home bound. The medical records do not indicate that the patient is home bound. MTUS guidelines state that home health aides are not considered medical treatment. Per MTUS, home health services are recommended only for medical treatment. Because home health aides are not considered medical treatment, home health aides are not supported by MTUS guidelines. MTUS guidelines do not support the medical necessity of a home aide. Therefore, the request for home health aid is not medically necessary.

Physical therapy with hot pack/range of motion (ROM)/strengthening; twenty-four (24) sessions (3 times 8), left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-14. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Post surgical Treatment Guidelines indicate that for fracture of ankle, 21 visits of postsurgical physical therapy are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines: Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Open reduction internal fixation of a left ankle trimalleolar fracture was performed on 09-20-2014. The orthopedic surgeon's report dated December 2, 2014 documented that the patient was walking with a CAM walker boot. Dorsiflexion was 10 degrees. Plantar-flexion was 20 degrees. There was 1+ discomfort on palpation of the ankle. X-rays showed that the fracture of the ankle appeared to be healing and in good position. Twenty-four sessions of physical therapy were requested. The request for 24 physical therapy visit exceeds MTUS Postsurgical Treatment Guidelines. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Therefore, the request for 24 physical therapy visits exceeds ODG guidelines. Therefore, the request for 24 physical therapy sessions is not medically necessary.