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| Case Number: | CM15-0012317 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 08/29/2014 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/06/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on August 29, 2014. She has reported left ankle injury due to fall. The diagnoses have included bilateral knee replacement, open reduction internal fixation (ORIF) of left ankle and revision. Treatment to date has included, open reduction internal fixation (ORIF) on 11/20/14 and oral medication. Follow up visit dated December 16, 2014 documents post-operative ankle wound is healing well. Treatment includes magnetic resonance imaging (MRI), irrigation and debridement of ankle wound, home health care and medication. The medication list include Naprosyn, Norco, Prilosec and Plavix. The patient has had MRI of the left ankle on 12/7/14 that revealed synovitis and tendinosis and no evidence of osteomyelitis or infection. Per the doctor's note dated 1/5/15 patient had complaints of no pain in ankle and was using boot. Physical examination revealed tenderness on palpation and pain free ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care Once A Day for 2 Weeks for the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Request: Home Health Care Once A Day for 2 Weeks for the Left Ankle. Per the CA MTUS guidelines cited below, regarding home health services. "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." Any documented evidence that he is totally home bound or bedridden is not specified in the records provided. Any medical need for home health service like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for Home Health Assistant 4-6 hours per day x7 day weekly is not fully established in this patient.