

Case Number:	CM15-0013167		
Date Assigned:	01/30/2015	Date of Injury:	11/29/2014
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/22/2015

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: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on 11/29/14. He has reported ankle pain after blunt force trauma after an altercation. The diagnoses have included fracture/sprain left ankle. Treatment to date has included medications, diagnostics, surgery, and physical therapy post-operative. Surgery included Open Reduction and Internal Fixation (ORIF) left lateral malleolus fracture, left deltoid ligament disruption with reconstruction on 12/9/14. Currently, the injured worker complains of moderate swelling to left ankle. The post-operative incisions were clean, dry and intact. The stitches were removed. There was no redness or drainage. The range of motion was limited secondary to immobilization. The x-rays of the left ankle revealed hardware to be intact with no evidence of loosening. He states that the pain is under control with use of Norco. He will be non-weight bearing for 4 weeks. On 1/16/15 Utilization Review non-certified a request for Home health care (provided by wife), 3 hours per day for 6 weeks and then 1 hour per day for 3 weeks, quantity 147, noting that homemaker services are not considered as medical services and only medical related services are covered as medically necessary. The aid is denied as medical necessity for the services has not been established per the medical records. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care (provided by wife), 3 hours per day for 6 weeks and then 1 hour per day for 3 weeks, quantity 147: 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 services Page(s): 51.

Decision rationale: The patient presents with left ankle pain. The request is for HOME HEALTH CARE (PROVIDED BY WIFE), 3 HOURS PER DAY FOR 6 WEEKS AND THEN 1 HOUR PER DAY FOR 3 WEEKS, QUANTITY 147. The request for authorization is not available. The patient is status-post open reduction internal fixation left lateral malleolus fracture, left deltoid ligament reconstruction, right ankle arthrotomy and fluoroscopy 12/09/14. Per progress report dated 01/26/15, minimal swelling is noted about the left ankle. The hardware is palpable laterally. Ankle range of motion is limited particularly in plantar flexion. The patient's medications include Norco and Motrin. The patient is unable to work. MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker services like shopping, cleaning, and laundry and personal care given by home health aids like bathing, dressing, and using the bathroom when this is the only care needed." Treater has not provided reason for the request. There is no documentation as to why the patient is unable to perform self-care. It does not appear the patient is home bound. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the requested home health care would not be indicated. The MTUS guidelines are clear that home care is for medical treatment only. There is no documentation found in the reports provided that the patient requires medical treatment at home. Therefore, the request IS NOT medically necessary.