

Case Number:	CM15-0112138		
Date Assigned:	06/18/2015	Date of Injury:	11/28/2014
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/10/2015

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 57 year old male, who sustained an industrial injury on 11/28/14. The diagnoses have included left ankle fracture with open reduction internal fixation (ORIF) left bimalleolar fracture and osteoplasty malunion left ankle. Treatment to date has included medications, activity modifications, diagnostics, off work, surgery, physical therapy, home health services and other modalities. Currently, as per the physician progress note dated 5/26/15, the injured worker complains of pain due to left ankle and foot fracture. The diagnostic testing that was performed included x-rays of the left ankle. There is an operative report dated 1/9/15 for open reduction internal fixation (ORIF) of left bimalleolar fracture, osteoplasty malunion left ankle and removal of internal fixation left ankle. The documentation within some of the submitted records is difficult to decipher. There are previous physical therapy notes and the one dated 5/6/15 documents that the injured worker has improved tolerance to therapy but he was only able to tolerate 25 percent weight bearing to left foot secondary to pain and instability. There were previous home health notes submitted with the records. The physician requested treatment included Home Health Evaluation and Treat 12 hours per day. The patient has had X-ray of the left foot on 12/17/14 that revealed non displaced fracture of the phalanx. The patient has had home care evaluation on 1/16/15 that revealed patient was fair regarding sitting and standing, gait was antalgic and required minimal aid for ambulation. The patient has had history of anxiety and depression and had his wife as attendant. The current medication list was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation and Treat 12 hrs per day: 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: 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". The patient has had a home care evaluation on 1/16/15 that revealed patient was fair regarding sitting and standing, gait was antalgic and required minimal aid for ambulation. Any documented evidence that he is totally homebound 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. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The request for Home Health Evaluation and Treat 12 hrs per day is not medically necessary or fully established in this patient.