

<b>Case Number:</b>	CM15-0116109		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/03/2015
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial injury on 04/03/2015. She has reported injury to the bilateral ankles, right ribcage, and left abdomen. The diagnoses have included status post right ankle fracture dislocation; status post open reduction internal fixation of right talus and right tibial pilon and distal tibial shaft, with repair of right anterior tibiotalar ligament; right fifth rib fracture; status post left foot contusion with resolving left ankle sprain; and left lower abdominal contusion with resulting hematoma, resolving. Treatment to date has included medications, diagnostics, walker, wheelchair, acute rehabilitation, and surgical intervention. Medications have included Percocet, Oxycontin, Neurontin, Magnesium Oxide, and Lovenox. A progress report from the treating physician, dated 05/21/2015, documented an evaluation with the injured worker. The injured worker reported moderate pain at her right foot and ankle, with lesser pain at her right ribcage and left foot and ankle following a motor vehicle accident in the course of her work; she is wheelchair bound; using a walker at times although it is difficult for her because of her shoulders; the pain in her right foot and ankle is the most severe; it is intermittent although frequent and as great as 7/10 in intensity; with her medications, her pain may be as low as 0/10 in intensity; intermittent burning pain in the right foot and ankle, which is alleviated by Neurontin; some lesser and improving pain in the right ribcage and left foot and ankle; and spasm in her right lower extremity. Objective findings included a resolving physical hematoma at the left lower quadrant; some tenderness noted just to the right of the sternum at about the T5 level; exam of the right foot and ankle is deferred; exam of the left ankle notes no tenderness and range of motion is within normal limits; and there is tenderness noted

throughout the left mid foot. The treatment plan has included the request for home health assistance 3 hours a day, 3 days a week for 8 weeks; and knee scooter.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home health assistance 3 hours a day, 3 days a week for 8 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51 of 127.

**Decision rationale:** This claimant is a 45 year old female, who was recently injured on 4/03/2015. She had injury to the bilateral ankles, right ribcage, and left abdomen. The diagnoses have included status post right ankle fracture dislocation; status post open reduction internal fixation of right talus and right tibial pilon and distal tibial shaft, with repair of right anterior tibiotalar ligament; right fifth rib fracture; status post left foot contusion with resolving left ankle sprain; and left lower abdominal contusion with a resulting but resolving hematoma. There is still moderate pain at her right foot and ankle, with lesser pain at her right ribcage and left foot and ankle following a motor vehicle accident in the course of her work; she is wheelchair bound; using a walker at times although it is difficult for her because of her shoulders. The pain in her right foot and ankle is the most severe; it is intermittent although frequent and as great as 7/10 in intensity. Regarding home health care services, the evidence-based guides note that is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that 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. (CMS, 2004) As presented in the records, how and for what the home health services would be used is not clear. It is not clear if there are medical services, as opposed to home keeping, to be rendered. The evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately non-certified.

**Knee scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee section, mobility aids.

**Decision rationale:** As shared previously, this claimant is a 45 year old female, who was recently injured on 4/03/2015. She had injury to the bilateral ankles, right ribcage, and left abdomen. The diagnoses have included status post right ankle fracture dislocation;

status post open reduction internal fixation of right talus and right tibial pilon and distal tibial shaft, with repair of right anterior tibiotalar ligament; right fifth rib fracture; status post left foot contusion with resolving left ankle sprain; and left lower abdominal contusion with a resulting but resolving hematoma. There is still moderate pain at her right foot and ankle, with lesser pain at her right ribcage and left foot and ankle following a motor vehicle accident in the course of her work; she is wheelchair bound; using a walker at times although it is difficult for her because of her shoulders. The pain in her right foot and ankle is the most severe; it is intermittent although frequent and as great as 7/10 in intensity. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding walking aids, the ODG notes: Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003). In this case, the claimant already has a wheelchair and a walker; it is not clear what would be gained by adding a third walking device. Its use appears superfluous. The request is appropriately non-certified.