

Case Number:	CM15-0117993		
Date Assigned:	06/26/2015	Date of Injury:	01/27/2015
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: North Carolina

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 27-year-old male with an industrial injury dated 01/27/2015. The injury is documented as occurring when his right leg was struck by a forklift that was being driven by a co-worker, resulting in a fall. He underwent an open reduction internal fixation of the right distal tibia and fibula. His diagnoses included right lower extremity wounds due to previous crush injury and status post open right distal tibia and fibula fractures with compartment syndrome. Prior treatments included open reduction internal fixation of the right distal tibia and fibula, two consecutive lower right leg surgeries, rehabilitation center, occupational therapy, surgery for ulcer on leg, psychiatric treatment, physical therapy and medications. According to the progress note dated 03/23/2015 the calf wound was infected. The provider collected a specimen for culture and started the injured worker on antibiotics. The inpatient (rehab) progress note dated 06/02/2015 documents exam of right lower extremity. There was trace non-pitting swelling. He had plantar flexion contracture at the right ankle and the right lateral calf wound. The wound on the right lateral calf showed 100% granulation and moderate serous exudate. At the right medial calf there were 2 tiny wounds with 100% granulation and scant serous exudate. There was a large wound at the popliteal region which previously extended around the medial calf which was mostly epithelialized. All residual wound was healthy with red granulation tissue with moderate serous exudate. Peri-wound skin was unremarkable and the undermined portion at the posterolateral calf had decreased in size. Treatment plan included continuing collagen dressing to the undermined portion and antimicrobial gauze to the popliteal region and Optifoam Gentle to the medial calf wounds. Other treatment was for home health nursing for wound care and to follow up with surgeons or provider. The requested treatment is for twenty one home health nursing visits for daily wound care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty-one home health nursing visits for daily wound care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

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

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services Recommended only for otherwise recommended medical treatment for patients who are Home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. 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) Home health services are indicated in the patient based on the provided clinical documentation but the request for 21 visits cannot be certified as ongoing need cannot be determined without periodic reevaluation to response to treatment. Therefore, the request is not medically necessary.