

Case Number:	CM15-0121278		
Date Assigned:	07/02/2015	Date of Injury:	06/08/2014
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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 53-year-old female, who sustained an industrial injury on 6/8/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having a twisting injury of the right ankle/foot, subluxing-frayed peroneal tendons of the right ankle, posttraumatic arthrofibrosis with lateral impingement lesion of right ankle and right elbow sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included ankle surgery, scooter, physical therapy and medication management. In a progress note dated 5/5/2015, the injured worker complains of right ankle pain, rated 4/10 at rest and 8/10 with weight bearing activities and right elbow pain rated 2/10 at rest and 4/10 with repeated use. Physical examination showed moderate to severe tenderness of the right ankle. On 5/11/2015, the injured worker underwent a right ankle arthroscopic surgery. The treating physician is requesting a home health aide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide hourly (no frequency or duration specified): 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 52.

Decision rationale: There are no post-operative complications or co-morbid medical history in need of home health. It is unclear if the patient sustained post-operative complication and became homebound with slow progress, requiring home PT beyond post-op hospital therapy. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. Additionally, MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no specific deficient performance issue evident as the patient has no documented deficiency with the activities of daily living and was independent prior to surgery without any clear neurological deficits. The Home health aide hourly (no frequency or duration specified) is not medically necessary and appropriate.