

Case Number:	CM15-0170733		
Date Assigned:	09/11/2015	Date of Injury:	07/25/2010
Decision Date:	10/16/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This 63-year-old woman sustained an industrial injury on 7-25-2010. The mechanism of injury is not detailed. Evaluations include CT scan of the right lower extremity dated 4-16-2015 and undated right foot x-rays. Diagnoses include status post talocalcaneal cuboid fusion of the right foot and status post degenerative arthritis secondary to failed open surgical repair of the right foot. Treatment has included oral medications, physical therapy, surgical intervention, use of an orthopedic boot, cane and walker. Physician notes from a QME dated 6-3-2015 show complaints of right foot and ankle pain rated 7-8 out of 10 with numbness, stiffness, and tingling. Physical examination shows no tenderness or evidence of infection to the foot, decreased range of motion, and unremarkable skin appearance. The patient's surgical history includes removal of metal and fusion of subtalar and calcaneocuboid joint on 9/24/14; ORIF of calcaneal fracture; triple arthrodesis of right foot. The patient has had a CT scan of lower extremity on 4/16/15 that revealed post surgical changes. The medication list includes Hydrocodone and Naprosyn. The patient had received an unspecified number of the PT visits for this injury. The patient has had history of right wrist and calcaneal fracture. The patient had used a boot, cane and walker for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide, three times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

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's surgical history includes removal of metal and fusion of subtalar and calcaneocuboid joint on 9/24/14; ORIF of calcaneal fracture; triple arthrodesis of right foot. Significant functional deficits that would require Home health care, for an extended period of time, were not specified in the records provided. Documented evidence that patient was totally homebound or bedridden, for an extended period of time, is not specified in the records provided. A medical need for home health services 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. The presence or absence of any family members for administering that kind of supportive care is not specified in the records provided. The medical necessity of the request for Home Health Aide, three times a week for six weeks, is not fully established in this patient. The request is not medically necessary.