

Case Number:	CM15-0177065		
Date Assigned:	09/17/2015	Date of Injury:	01/27/2015
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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 male, who sustained an industrial injury on 1-27-2015. The injured worker was diagnosed lumbar spine sprain, spondylolisthesis of the lumbar spine and disc degeneration, right knee sprain, right knee varus deformity, tibia-fibula fracture status post repair. The request for authorization is for: one home health care assistance (4 hours a day, 5 days a week, for 8 weeks). The UR dated 8-28-2015: non-certified the request for one home health care assistance (4 hours a day, 5 days a week, for 8 weeks). On 7-31-2015, he reported obtaining a shower bench and wheelchair rental. He reported that his right leg was feeling better and he is able to bear weight with assistance of a boot. He indicated his right knee to feel better. He is noted to have weakness in the right lower extremity and restricted-decreased range of motion to the right ankle. The provider indicated requesting additional 16 visits of outpatient physical therapy. He is noted to ambulate with an antalgic gait and wearing a boot for support. He reported using a wheelchair for ambulation. He is reported to need continued wound care of the right leg and had been instructed on proper wound care techniques. His mother is noted to be of assistance to him. He is reported to have been evaluated for home health care. The treatment and diagnostic testing to date has included: at least 12 sessions of outpatient physical therapy for the right lower extremity, medications, x-rays of the right leg, tibia-fibula fracture repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

One home health care assistance (4 hours a day, 5 days a week, for 8 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for one home health care assistance (4 hours a day, 5 days a week, for 8 weeks). The treatment to date has included outpatient physical therapy for the right lower extremity, medications, ORIF of distal tibial fracture on 01/30/15, skin grafting with fasciotomy on 02/02/15, excision and drainage for a posterior leg abscess on 04/02/15, and skilled nursing facility between 04/10/15 and 06/15/15. The patient is not working. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per report 07/31/15, the patient presents with right lower extremity weakness and restrictions in function secondary to pain and decreased range of motion of the right ankle. Examination revealed guarded antalgic gait, decrease range of motion and weakness. The patient is reported to need continued wound care of the right leg and had been instructed on proper wound care techniques. The patient has ongoing difficulties with ADL's and the treater requested home health assistance. This patient does require continued wound care of the right leg, and is wheelchair bound. Therefore, this request is medically necessary.