

<b>Case Number:</b>	CM15-0064672		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/07/2006
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 52-year-old male, who sustained an industrial injury on 1/7/06. Initial complaints are not noted. The injured worker was diagnosed as having lumbar radiculopathy; lumbar sprain/strain; lumbar spondylosis; status post left Achilles tendon repair, right Haglund deformity in the region of right Achilles tendon and right gastrocnemius slide procedure (3/2015); status post thoracic dorsum column stimulator with lead at T7-8 and T8 (NO DATE). Treatment to date has included chiropractic therapy, physical therapy; multiple surgeries; medications. Currently, the PR-2 notes dated 3/24/15 indicated the injured worker fell in his bathroom and landed on the left foot sustaining a rupture Achilles tendon post-surgery (two weeks prior for right Haglund deformity in the region of right Achilles tendon and right gastrocnemius slide procedure). He felt severe dorsiflexion movement and felt a loud pop at the back of the calf. Examination notes a palpable gap near the Achilles attachment with moderate swelling in the left heel area. X-ray of the left foot reveal a small area of calcification within the Achilles tendon that was previously below the joint line and is now above the joint line indicating retraction of the Achilles tendon. The injured worker is in a Cam walker boot and is scheduled for a left Achilles repair 3/31/15. The provider is requesting home care for 6 weeks 4 hours a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME CARE 6 WKS / 4 HRS A DAY:** 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 services.

**Decision rationale:** Guidelines recommend home health services for patients who are homebound and generally up to no more than 35 hours of medical treatment per week. Medical treatment does not include homemaking services or personal care like bathing, dressing and using the bathroom. In this case, the services requested are for assistance with dressing, transfers, bathing and light exercises. The request for home health assistance 4 hours/day x 6 weeks is not medically appropriate and necessary.