

Case Number:	CM15-0070418		
Date Assigned:	04/17/2015	Date of Injury:	07/16/2014
Decision Date:	05/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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 56 year old male who sustained an industrial injury on 7/16/2014. His diagnoses, and/or impressions, included: right ankle open fracture; open reduction internal fixation of bilateral tibial pilon fracture and left common fibular fracture, together with closed reduction of the tibia with internal fixation (bilateral ankles); right tarsal tunnel syndrome; right peroneal neuropathy with bilateral lower extremity peripheral sensory neuropathy; degenerative right ankle arthritis; and painful right hallux nail border onychocryptosis. No current magnetic resonance imaging studies are noted. Electromyogram and nerve conduction studies were stated to have been done on 3/3/2015, and x-rays are noted to have been taken in 2/2015. Recent history notes swelling, diffuse stiffness and pain, in both ankles, and a slow healing of communicated fracture distal tibia with widening of the lateral plafond, and post-traumatic change of the talar dome. His treatments have included home exercise program; neuropathic cream; and medication management. Progress notes of 3/18/2015 reported: moderate bilateral ankle pain; tingling in the right lateral knee; numbness; burning > right than left; minimal right foot pain and swelling. The physician's requests for treatments were noted to include home health evaluation and services as he has no help at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services for eval & treatment, twice weekly, bilateral extremities QTY 6:
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: 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. The patient does not appear homebound as the patient attends office visits independently without person or equipment assist. There is no specific deficient performance issue evident as it is reported the patient has no documented deficiency with the activities of daily living. Reports have unchanged chronic symptoms without clear neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request to assist with house services. The Home health services for eval & treatment, twice weekly, bilateral extremities QTY 6 is not medically necessary and appropriate.