

Case Number:	CM15-0092568		
Date Assigned:	05/19/2015	Date of Injury:	02/07/2015
Decision Date:	06/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 57 year old male who sustained an industrial injury on 02/07/2015 resulting in pain/injury to the left ankle. The Injured worker was diagnosed with left bimalleolar fracture. Treatment provided to date has included: open reduction internal fixation of the left ankle (02/09/2015); medications; and conservative care. Diagnostic tests performed include: x-rays (02/07/2015) which revealed left bimalleolar fracture. Comorbid diagnoses included history of hypertension and diverticulitis of colon. There were no noted previous injuries or dates of injury. On 02/26/2015, physician progress report noted doing well post-surgery with staples intact. Staples were removed and the injured worker was continued on non-weight bearing status for an additional 4-6 weeks. No pain or pain rating was reported; however, Norco ibuprofen, Colace and Zofran were prescribed. The physical exam revealed palpable pedal pulses, instant capillary refill, intact sensation with moderate perincisional numbness, able to move all digits and ankle without pain, and moderate edema globally to ankle. The provider noted diagnoses of left tibial fracture, and left fibula fracture. Plan of care includes SLC applied, non-weight bearing for 4-6 weeks, discussed converting to CAM boot on next visit, request for walker and iceman, and screw removal after 3 months. Requested treatments include: additional home health care 4 hours per day 7 days a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional home health care 4 hours per day for 7 days a week for 3 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 (ODG), Pain Chapter, Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 51, Home health services.

Decision rationale: The requested additional home health care 4 hours per day for 7 days a week for 3 weeks, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 51, Home health services, note that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, 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, 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 injured worker is doing well post-surgery with staples intact. Staples were removed and the injured worker was continued on non-weight bearing status for an additional 4-6 weeks. No pain or pain rating was reported; however, Norco ibuprofen, Colace and Zofran were prescribed. The physical exam revealed palpable pedal pulses, instant capillary refill, intact sensation with moderate perincisional numbness, able to move all digits and ankle without pain, and moderate edema globally to ankle. The provider noted diagnoses of left tibial fracture, and left fibula fracture. Plan of care includes SLC applied, non-weight bearing for 4-6 weeks, discussed converting to CAM boot on next visit, request for walker and iceman, and screw removal after 3 months. The treating physician has not documented what specific home health services are being requested nor their medical necessity. The criteria noted above not having been met, additional home health care 4 hours per day for 7 days a week for 3 weeks is not medically necessary.