

<b>Case Number:</b>	CM15-0098902		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Hawaii  
 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 51-year-old male who sustained an industrial injury on 03/25/2015. Current diagnoses include left tibial plateau fracture and popliteal artery damage with non-displaced left fibula fracture, and right scapular fracture. Previous treatments included medication management, external fixation of left tibial fracture and transection of left distal popliteal artery, right scapular external fixation, occupational therapy, and physical therapy. Initial injuries included left leg tib/fib fracture and right scapular fracture. Report dated 05/01/2015 noted that the injured worker presented for left tib/fib wound check. Physical examination revealed clean, dry pin sites, and wounds healing well. The treatment plan included an MRI of the left knee in preparation for ligamentous repair and reconstruction, proceed with antibiotics, and follow up after MRI is completed. Occupational therapy progress note dated 04/23/2015 supports that the injured worker is none weight bearing for the left lower extremity. Documentation supports that the injured worker developed a MRSA infection post-operatively. Disputed treatments include home health.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The patient presents with left leg tib/fib fracture and right scapular fracture. The current request is for home health. The treating physician states, in a report dated 04/24/15, "Referral to Home Health & Adult Program. Home Health RN Comment & Wound care (external Fixator LLE) medication and pain management. Physical Therapy Comment & Gait and transfer training, HEP and home eval. Occupational Therapy Comment & ADL training, HEP and home safety eval." (31B) The MTUS guidelines state, "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. (CMS, 2004)" In this case, the treating physician's nurse, in a UR Letter dated 05/13/15 stated, "the patient has multiple lower extremity fractures and is not ambulatory at this time. She stated that the patient will be non-ambulatory for 3 months to allow for healing of the fractures." (7B) the patient is homebound for three months and has documented care needs beyond homemaker services. While the patient does appear to require some assistance at home with physical therapy type rehabilitation, there is very limited information outlining the medical treatment that is required for wound care and there is no frequency or duration noted. MTUS has a limitation on the number of hours that this type of care is allowed and this request is open ended. As such, the current request is not medically necessary.