

Case Number:	CM15-0099357		
Date Assigned:	06/01/2015	Date of Injury:	04/05/2013
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	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

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 52 year old who sustained an industrial injury on 04/05/2013. Mechanism of injury was a slip and fall and had pain in her right side of the back and right ankle. Diagnoses include status post right ankle arthroscopy right ankle with soft tissue distraction, excision of osteochondral lesion, drilling and microfracture of the osteochondral lesion and talus, extensive debridement of ankle and short leg splint, osteoarthritis dissecans of the ankle. Treatment to date has included diagnostic studies, surgery, medications, pool and land therapy, CAM boot, brace, crutch, cortisone injection, and home exercises. Computed tomography of the right ankle done on 02/10/2015 showed chronic osteochondral lesion involving the medial talar dome measuring 12/10/5mm deep, posterior as well as plantar calcaneal spurring. A physician progress note dated 05/05/2015 documents the injured worker is three months post-surgery and is feeling better. She has less pain and discomfort and has been wearing her brace. The treatment plan is for continuation of therapy twice a week for another month and home exercises. Treatment requested is for Home Health Care three times a week for three weeks for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care three times a week for three weeks for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the 05/05/2015 report, this patient is almost 3 month status post right ankle. The current request is for Home Health Care three times a week for three weeks for the right ankle but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status is TTD for 1 month. Regarding home health service, MTUS guidelines recommend medical treatment for patients who are home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. MTUS guidelines typically do not consider homemaking services such as shopping, cleaning, laundry, and personal care, medical treatments if these are the only services needed. The Utilization Review denial letter states, "The medical records provided not documented medical issue requiring home health care and did not document the patient being home bound, therefore the need for home health care is not necessary". Review of the provided reports show no documentation of why the patient is unable to perform self-care. The patient is not home bound. No neurologic and physical deficits are documented on examination and diagnosis other than chronic pain. Without adequate diagnostic support for the needed self care such as loss of function of a limb or mobility, the requested home health care would not be indicated. The medical necessity cannot be substantiated at this time; therefore, this request is not medically necessary.