

Case Number:	CM14-0141395		
Date Assigned:	09/10/2014	Date of Injury:	11/01/2007
Decision Date:	11/20/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male who reported injury on 11/01/2007. The mechanism of injury was the injured worker was cut by the blade of a bobcat loader. Surgical history included a wound debridement on 06/04/2014. Diagnostic studies included an ultrasound of the right lower extremity. The other therapies were not provided. The injured worker's medications included methadone 10 mg 4 times a day and Percocet 10/325 mg daily. The other medications included carvedilol and prednisone 20 mg tablets 1 tablet with foot or milk once a day. The documentation of 07/02/2014 revealed the injured worker had a non-healing leg ulcer. The injured worker had venous insufficiency and had leg wounds. The injured worker indicated he had improvement in the wounds on his right upper leg but not as much to the right lower leg. The documentation indicated the injured worker had a complex wound involving the right proximal leg and a wound that was still wrapped in the distal leg and a fairly complex wound to the left mid proximal leg. The diagnoses included high blood pressure, chronic venous wound with ulcer and inflammation. The physician documented the injured worker was status post right lower extremity venous ablation of the great saphenous vein and ultrasound guided sclerotherapy. The physician opined the injured worker had a successful ablation of the great saphenous vein with no deep vein thrombosis. The physician further opined the injured worker would benefit from a venous ablation. The treatment plan included left lower extremity venous ablation, compression stockings to continue to wear and a referral to wound care center for evaluation and treatment. There was no request for authorization or rationale submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Nurse, 2 times a week for 4 weeks: 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(s): 51.

Decision rationale: The California Medical Treatment and Utilization Schedule recommend home health services for injured workers who are homebound and who are in need of part time or "intermittent" medical treatment of up to 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 clinical documentation submitted for review failed to indicate the injured worker was homebound and was in need of part time or intermittent medical treatment. There was a lack of documented rationale as well as documentation indicating the date of request. Given the above, the request for home health nurse, 2 times a week for 4 weeks is not medically necessary.