

Case Number:	CM13-0024312		
Date Assigned:	11/20/2013	Date of Injury:	10/01/2010
Decision Date:	01/07/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty certificate in Shoulder and Elbow surgery, and is licensed to practice in California. 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 physician 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 patient is a 53-year-old female who reported an injury on 10/01/2010. After extensive surgical history to include status post right hip arthroscopy, labral debridement, partial synovectomy, revision femoroplasty, capsular repair, and arthroscopic trochanter bursectomy performed on 08/28/2013, as well as left ankle longus to brevis transfer, sural neurectomy and ankle arthroscopy, the patient has been diagnosed with left ankle pain, enthesopathy of the ankle and tarsus, scar conditions and fibrosis, and generalized hip pain. The patient has utilized multiple conservative care modalities to include a home ultrasound unit, TENS unit, water therapy, and physical therapy and has been provided with previous home health care post surgery. According to the documentation dated 11/26/2013, the patient has made excellent functional progress with regards to gait and motion, and the patient's symptoms and complaints are equally improved. Furthermore, the documentation states that the claimant is on temporary total disability status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued home health care totaling 25 hours/week, followed by reduction to 5 hours/week every other week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the decision for continued home health care totaling 25 hours per week, then reducing to 5 hours per week every other week, California MTUS states that home health services are recommended only for otherwise recommended 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. It further states that 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. Previous documentation from 03/2013 and 04/2013 notes that the patient was using the home health care services for transportation to and from various facilities including church, shopping and other locales. As this is not part of the requirement of home health services, the necessity for home health care is unclear at this time. Therefore, the requested service is not deemed medically necessary.

Continued nurse case management with Linda Stutzman, NCM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (last updated 06/07/2013); ODG Codes for Automated Approval; and Aetna Clinical Policy Bulletins, Number 0201 - Skilled Home Health Care Nursing Services (reviewed 04/15/2005).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: Regarding the decision for continued nurse case management with Linda Stutzman, NCM, according to the California American College of Occupational and Environmental Medicine, case management pertaining to delayed recovery utilizes an occupational health clinician who can act as the manager of the case or can enlist the help of a skilled case manager, who is typically an occupational health nurse or a social worker. With the help of a case manager, the patient must assess his or her own capabilities and reasons for delayed functional recovery and create or agree to a realistic, step-wise plan for improvement. As noted in the documentation provided for review, the patient has gone through several physicians as well as other health care providers through the course of her treatment and recovery. Currently, the patient is being followed by physicians who are actively managing her current conditions. The necessity of additional management for this patient has not been provided. As such, the requested service would not be appropriate for this patient.