

Case Number:	CM13-0038226		
Date Assigned:	12/18/2013	Date of Injury:	08/16/2013
Decision Date:	02/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/27/2013

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 Occupational Medicine 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:

Claimant is a 49 year old female with date of injury 8/26/2013 that resulted in a left hip fracture. She is status post emergency open reduction and internal fixation of left hip. The claimant was discharged to a skilled nursing facility, and then discharged to home. A home health assessment was not performed. The claimant was discharged with a walker and a wheelchair and is not bed bound. She has a husband at home who is able to go in and out. Orthopedic comprehensive evaluation dated 10/22/2013 reports that the claimant has diffuse soreness in the left hip and buttock area and extends along the proximal left thigh and leg towards the knee. The left buttock area became worse on approximately 10/7/2013 but has been sore since the original injury. She denies any particular groin pain, but more particularly lateral buttock, iliac wing pain, and proximal thigh discomfort. She secondarily describes right knee discomfort and noted to be sores since 9/1/2013 when she went home and she has been transferring putting all her weight on the right leg, literally standing and hopping on the right leg and using a wheelchair when not standing and walking. She states over time there has been increasing anterior and parapatellar discomfort in the right knee which is worsened. She also notes some degree of diffuse left leg pain and sensation of edema in the left leg and some vague altered sensation, but not frank numbness in the entire leg in a non-dermatomal pattern. The pain in the buttock and leg is not low back in origin. She has some difficulty with plantar flexion on the left side because of what she describes as weakness. On exam she presents in a wheelchair but is able to transfer to the examining table without difficulty. The right knee is stable. Left hip flexion is 90 degrees, external rotation is 60 degrees, internal rotation is 30 degrees and abduction is 40 degrees. There is a small lateral incision which is well healed. There is diffuse discomfort in the proximal hip, thigh, buttock area and the entire iliac wing more than the hip. There is pelvic rim tenderness on the left pelvic rim and buttock musculature and extending to the left buttock and leg. Sensation is

vaguely altered in the entire leg in a non-dermatomal pattern, but has sensation in all areas. She has plantar flexion weakness (4+/5) on the left side, perhaps due to guarding. Diagnoses include 1) left hip subcapital fracture and minimal to non-displaced post fixation, stable and healing well 2) right knee sprain and contusion with probably symptomatic chondromalacia, history of prior cartilage transfer procedure in 2004 3) left buttock and leg pain probably muscular post contusion 4) possible low back pain with left radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health for wound care unspecified number of visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Web Edition Page(s): 51.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), 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. (CMS, 2004)" The claimant was in a skilled nursing facility for approximately 10 days following her surgery, and there is no indication of wound complications that would indicate that she would require skilled services at home. There is also no indication that she would not be able to provide self care, or receive assistance from family in caring for her wounds. Her wounds healed as expected without complication. Additionally, there was not a number of home health visits being requested. The request for home health for wound care unspecified number of visits is determined to not be medically necessary.