

Case Number:	CM13-0038839		
Date Assigned:	12/18/2013	Date of Injury:	11/07/2005
Decision Date:	02/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/01/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois and Texas. 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 11/07/2005 due to a motor vehicle accident. The patient sustained injuries to her hips, legs, feet, ankles, shoulders, upper extremities, low back, neck, and psyche. The patient's surgical history as a result of these injuries included a left hip replacement in 2008, cervical fusion in 2011, and total hip arthroplasty of the right hip in 07/2013. Additional conservative treatments to other body parts included physical therapy, epidural steroid injections, acupuncture, medications, and aquatic therapy. The patient's most recent clinical evaluation included normal appearance of the right hip, a well-healed incision, without evidence of instability, and 5/5 strength in all motor groups. It was noted that the patient continued to use a walker to assist with ambulation. The patient's diagnoses included status post joint hip replacement. The patient's treatment plan included continuation of medications and active therapy and initiation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for home health care 12 hours a week for 8 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 Page(s): 51.

Decision rationale: The requested home health care 12 hours a week for 8 weeks is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends home health services for patients who are homebound on a permanent or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the patient is not able to participate in activities outside the home. There is no documentation that the patient is considered homebound. The most recent clinical evaluation did not provide any significant deficits that would prevent the patient from being able to leave the home at will. As such, the requested home health care 12 hours a week for 8 weeks is not medically necessary or appropriate.

Request for transportation to and from medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment ; Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic) (updated 07/19/12) Transportation (to & from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Transportation.

Decision rationale: The requested transportation to and from medical visits is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has ambulation deficits that are compensated with a walker. The Official Disability Guidelines do recommend transportation be provided to patients who need assistance in attending medical appointments and related therapies. However, the request as it is written does not provide a duration or frequency. As the patient is already several months status post-surgical intervention, the medical necessity of unlimited transportation to medical visits cannot be established. As such, the requested transportation to and from medical visits is not medically necessary or appropriate.

Request for transportation on call 24/7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment ; Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic) (updated 07/19/12) Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Transportation.

Decision rationale: The requested transportation on call 24/7 is not medically necessary or appropriate. The Official Disability Guidelines only support transportation to and from medically related appointments in the community for patients who are not able to self-transport. The

clinical documentation submitted for review does provide evidence that the patient underwent a total hip arthroplasty. However, the clinical documentation submitted for review does not provide any evidence that transportation on call for 24 hours a day 7 days a week would assist in the medical treatment of this patient. As this type of request is not supported by Guideline recommendations, the requested transportation on call 24/7 is not medically necessary or appropriate.

Request for continuation of weight loss program for 10 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (Diet & Exercise) Modifications.

Decision rationale: The requested continuation of weight loss program for 10 weeks is not medically necessary or appropriate. The Official Disability Guidelines do recommend supervised nutritional and weight management programs for patients who are unable to self-manage lifestyle changes. However, the clinical documentation submitted for review did not provide any evidence of significant functional gains as a result of prior participation in a weight loss program. Additionally, there is no documentation that the patient has attempted to self-manage obesity symptoms. As such, the requested continuation of weight loss program for 10 weeks is not medically necessary or appropriate.