

<b>Case Number:</b>	CM13-0050282		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Practice 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 42-year-old female who reported an injury on 12/12/2012. The patient is currently diagnosed with neck sprain and strain, hip sprain, pain in a joint of the pelvic region, and medial meniscus tear. The patient was seen by [REDACTED] on 08/30/2013. The patient reported 7/10 pain in the right hip. Physical examination revealed significant discomfort. It is noted that the patient is status post intra-articular cortisone injection. Treatment recommendations included an authorization for arthroscopy, labral repair, and osteoplasty as well as continuation of current medication. A Letter of Medical Necessity was then submitted by [REDACTED] on 10/14/2013. The patient was scheduled to undergo right hip surgery in 2 weeks. Treatment recommendations included home health care assistance 8 hours per day, 7 days per week, for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skilled nursing evaluation and home health (specifically: personal hygiene, dressing, light housekeeping, and cooking 8 hours per day x 7 days per week x 4 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Skilled nursing facility (SNF) care.

**Decision rationale:** Official Disability Guidelines state criteria for skilled nursing facility care includes patients who were hospitalized for at least 3 days for major or multiple trauma, or major surgery and were admitted to a skilled nursing facility within 30 days of hospital discharge. The patient should have significant new functional limitations such as the inability to ambulate more than 50 feet or perform activities of daily living. As per the documentation submitted, the patient is scheduled to undergo right hip surgery in 2 weeks. However, there is no indication that the patient will have significant new functional limitations or require skilled nursing or skilled rehabilitation services. In addition, California MTUS Guidelines state 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. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The current request for a home health care provider 8 hours per day x7 days per week x 4 weeks exceeds guideline recommendations. Additionally, there is no indication that this patient will be homebound following surgery. It is noted that the patient does maintain assistance from children in the home. The medical necessity for the requested service has not been established. As such, the request is non-certified.