

Case Number:	CM13-0052294		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2013
Decision Date:	05/02/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 53-year-old male who reported an injury on 10/03/2013. The mechanism of injury involved a motor vehicle accident. The injured worker is currently diagnosed with right hip osteonecrosis with collapse, femoral head fracture, and post-traumatic arthritis. The injured worker was evaluated on 01/07/2014. The injured worker reported chronic right hip pain. The injured worker experienced no relief with physical therapy or anti-inflammatory medications. Physical examination on that date revealed good coordination, intact sensation, an antalgic gait and diminished range of motion. X-rays obtained in the office on that date indicated previous femoral head fracture and osteonecrosis with associated joint space narrowing, osteophyte formation and subchondral sclerosis. Treatment recommendations included a right total hip arthroplasty. A request was then submitted on 01/22/2014 for postoperative home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AIDE 24 HOURS A DAY, SEVEN DAYS A WEEK FOR SIX WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The California MTUS Guidelines state that 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. The current request for home health care 24 hours per day for 7 days per week greatly exceeds the guideline recommendations. The specific type of services required was not stated in the request. The California MTUS Guidelines further state that medical treatment does not include homemaker services or personal care. There was also no indication that the injured worker will be homebound following surgery. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.