

Case Number:	CM13-0054605		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2013
Decision Date:	03/17/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 and Rehabilitation, 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:

According to the records made available for review, this is a 49-year-old female with an 8/16/13 date of injury, and open reduction and internal fixation of fracture of the left hip on 8/17/13. At the time of request for authorization for Home health caregiver or housekeeper for 2 weeks for left leg pain, there is documentation of subjective (diffuse soreness in the left hip and buttock area extending along the proximal left thigh and leg towards the knee as well as right knee discomfort) and objective (left hip flexion 90 degrees, external rotation 60 degrees, internal rotation 30 degrees, and abduction 40 degrees; diffuse discomfort in the proximal hip, thigh, buttock area, and entire iliac wing more than hip; right knee range of motion 0 to 135 degrees; slight patellofemoral crepitation to range of motion; positive patellar grind; and plantarflexion weakness on the left side) findings, current diagnoses (left hip subcapital fracture and minimal to non-displaced post fixation, right knee sprain and contusion with probable symptomatic chondromalacia, left buttock and leg pain, and possible low back pain with left radiculopathy), and treatment to date (physical therapy and medications). There is documentation that patient was in a skilled nursing facility for 10 days post surgery, is mobile with walker and wheelchair, and is not bed bound (per 11/7/13 determination). There is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health caregiver or housekeeper for 2 weeks: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of no more than 35 hours per week. Within the medical information available for review, there is documentation of diagnoses of left hip subcapital fracture and minimal to non-displaced post fixation, right knee sprain and contusion with probable symptomatic chondromalacia, left buttock and leg pain, and possible low back pain with left radiculopathy. However, there is no documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed). In addition, given documentation that patient is mobile with walker and wheelchair, and is not bed bound, there is no documentation that the patient is homebound on a part-time or intermittent basis. Therefore, based on guidelines and a review of the evidence, the request for Home health caregiver or housekeeper for 2 weeks for left leg pain is not medically necessary.