

Case Number:	CM13-0070481		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2011
Decision Date:	04/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 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 patient is a 35-year-old who was injured on April 22, 2011. Mechanism of injury is unknown. Prior treatment history has included physical therapy. Medications include: 1. Glucagon Emergency 1 mg injection for Diabetes 2. Lantus 100 unit/ml 3. Novolin R 100 unit/ml 4. Amlodipine Besylate 10 mg 5. Famotidine 20 mg 6. Gabapentin 100 mg 7. Zolpidem Tartrate 10 mg 8. Aspriin 81 mg 9. Imodium AD 2 mg 10. Metoclopramide HCL 5 mg for GI symptoms 11. Artificial Tears 0.1-0.3% Ophthalmic Solution 12. Tyelnol 325 mg 13. Sertraline HCL 50 mg (discontinued) 14. Fentanyl 12 mcg?HR transdermal patch 72 hour 15. Famotidine for GERD 16. Norco 17. B complex and C vitamin 18. Nephrobite Diagnostic studies reviewed include Chest X-ray 1 view dated December 17, 2012 revealing modest cardiomegaly with modest interstitial edema. There is no modest right pleural effusion. Right basilar airspace disease may also be present and may be representative of pulmonary edema, pneumonia and/or atelectasis. Frontal Pelvis x-ray, status post orthopedic surgery, dated September 25, 2012, performed for orthopedic follow up. AP Pelvis x-ray dated September 25, 2012 performed for postoperative evaluation. Right upper extremity vein mapping dated September 26, 2013, revealing cephalic vein (upper arm) diameter is less than 3.0 mm and contains nonocclusive superficial venous thrombosis. Basilic vein (upper arm) diameter is less than 3.0 mm and appears sclerotic mid bicep. ABI dated September 26, 2013 revealing normal bilateral ankle/brachial indices at rest. Normal tce/brachial indices at rest. Progress note dated December 3, 2013, from [REDACTED] documented the patient to have complaints that his pain level is between 5/10 and 9/10 depending on how much he does. The patient gets worse with exercising, walking and prolonged standing. He improves with rest and he is encouraged about his progress. Sitting tolerance is about three hours. The patient can stand for 20 minutes and walk for twenty minutes. He can lift 14 pounds. The patient did pick up a 13-pound turkey over the holiday

weekend with Thanksgiving. The patient can handle a few dishes, some light laundry but he is not able to do vacuuming, significant housework or yard work. He is limited to do the laundry though and does find he needs help. The patient's uncle will be at my recommendation putting together his hours for the perioperative and postop support and is currently providing much of the ongoing home assist that the five hours a day is intended to continue. Objective findings on exam included a right thigh extensive surgical scars nontender, healing well without evidence of fluctuance, redness, infection or pain out of proportion to the surgeries. The patient has no lower extremity edema. He has very skinny legs bilaterally with suggestion of atrophy. He has marked decreased range of motion about the right hip and he has slight flexion contracture when he tries to walk. The patient is able to take four steps across the room with a very awkward gait and get to his walker. Distal touch capillary refill is grossly intact. Diagnoses: 1. Right hip fracture with leg length discrepancy. 2. MRSA to methicillin-resistant staphylococcus aureus carrier with a prior right groin infection. 3. Chronic pain and gait derangement. 4. Closed head injury. 5. Renal failure-non-industrial, care with [REDACTED]. 6. Diabetes insulin dependent type I. Continue care with [REDACTED]. 7. Hyperlipidemia. 8. Diabetic chorioretinitis. 9. Hypertension, continue care at [REDACTED]. 10. Right hip infection status post debridement May 9, 2012. Treatment Authorization Request: ADA architect to re-evaluate his home site with priority on bathroom, driveways and entryways. Continue home care five hours a day. The patient fortunately had his right hip hardware replaced. It had been removed and he was absent a hip and non-weight bearing with chronic pain. Hip replacement was September 25, 2013 at [REDACTED] with [REDACTED]. He still uses a cane, walker and wheelchair, however he is progressing his activities and is able to somewhat go without a cane or walker albeit significant difficulty. The right lower extremity is substantially weak and after several steps he is at significant risk from falling. Nonetheless, he is able to weight bear and was impressed in the early postop period that he was actually able to do that and it almost came as a surprise. His body had remapped to begin used to not weight bearing on the leg. That is not improving. He is in dialysis by way of [REDACTED] and cutting down on his opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CONTINUATION OF HOME CARE, FIVE HOURS PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, chapter 7.

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

Decision rationale: According to the guidelines, home health services are only recommended 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. The medical records detail the patient has improved function. It is not established that he continues to require extensive assistance with his personal care needs. The documentation in the medical records outlines that the patient has family available who can assist him with homemaker activities, if needed. An individual should be encouraged to perform self-care activities and to stay as active as possible, to maintain functional levels. Enabling behaviors or situations should be avoided. Furthermore, he has family available to assist him. The request for a

continuation of home care, five hours per day, is not medically necessary.

ONE ADA ARCHITECT RE-EVALUATION OF THE HOME SITE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, chapter 7.

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

Decision rationale: As outlined above, the medical necessity for the requested continuation of home health services has not been established. A home-site evaluation had taken place previously. The medical records do not establish the existence of significant issues with inability to function within the home as to demonstrate a medical necessity for a home-site re-evaluation. The request for one ADA architect re-evaluation of the home site is not medically necessary.

