

<b>Case Number:</b>	CM14-0000298		
<b>Date Assigned:</b>	01/16/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	01/02/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] Teacher's Aide who has filed a claim for chronic hand, wrist, low back, and sacroiliac joint pain reportedly associated with an industrial injury of September 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of the left hip, notable for severe left hip osteoarthritis; and extensive periods of time off of work. The applicant, it is incidentally noted, alleged pain secondary to cumulative trauma as opposed to a specific injury. In a Utilization Review Report of December 5, 2013, the claims administrator denied a request for home health services. The applicant's attorney later appealed. In an e-mail correspondence between the vendor and the claims administrator, dated December 3, 2013, it is stated that the applicant is scheduled for surgery on December 7, 2013. The applicant lives alone and needs help with activities of daily living before and after surgery. It is stated that the applicant will need postsurgical nursing services as well. An earlier note of October 22, 2013 suggests that the applicant may be pursuing a left total hip arthroplasty. It is stated that the applicant's surgeon will separately request the total hip arthroplasty. However, no progress notes requesting total hip arthroplasty are sought, although the applicant's consulting orthopedist does write on August 1, 2013 that the applicant will need a left total hip arthroplasty. It does appear that a left total hip arthroplasty was sought on August 27, 2013, although there is no record of this having been approved. It is suggested (although never explicitly stated) that the applicant was set to undergo surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RN/LPN visits 3x1:** Upheld

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

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

**Decision rationale:** The information on file, while difficult to follow, does seemingly suggest that the applicant is set to undergo a total hip replacement. The applicant does have radiographically confirmed severe hip arthritis. She apparently will need some postoperative wound care. Three home nursing visits for postoperative wound care purposes following the total hip arthroplasty during the one week immediately after surgery do appear to be reasonable, appropriate, and compatible with page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, which does support delivery of health services such as the post-operative wound care requested here via home health for individuals who are homebound. In this case, it is seemingly suggested that the applicant will be homebound following a total hip arthroplasty and does not have family members who can assist her or convey her to a physician's office to receive nursing services. Therefore, the original utilization review decision is overturned. The request is certified.

**HHA 5 hours per day for 5 days a week for 4 weeks, RN/PT/OT interchangeable based on availability:** Upheld

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

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

**Decision rationale:** Although this is, strictly speaking, a postsurgical case as opposed to a chronic pain case, MTUS 9792.23.b.2 does allow selection of guidelines found anywhere within the MTUS during postsurgical treatment together with the physical medicine guidelines in section 9792.24.3. For all of these reasons, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines was selected as it directly addresses the topic at hand. Per the vendor, the services represent provision of non-medical assistance with activities of daily living postoperatively, such as cooking, cleaning, bathing, etc., per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, however, such purposes are specifically proscribed. Therefore, the request is not certified.