

Case Number:	CM14-0006993		
Date Assigned:	02/07/2014	Date of Injury:	12/16/2010
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery, 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 claimant is a 61-year-old female who was injured on December 16, 2010. The claimant's medical problems include lumbar disc protrusion, lumbar radiculopathy, lumbar sprain/strain, right hip internal derangement, right hip sprain/strain, status post right hip surgery, and gastritis. The original injury is described as occurring when the claimant was struck from behind by a resident which resulted in a right hip fracture. The structure required open reduction and internal fixation, but following the operative intervention pain remained. The claimant progressed to a right total hip replacement and during the post surgery timeframe the claimant entered a coma. The claimant is documented as having been discharged to home. The claimant is documented as returning for reevaluation on November 15, 2013 and having recently fallen in the bathroom resulting in a broken sacrum. The physical examination documented on this visit is limited to noting that the claimant is alert and oriented in no acute distress and pupils are equal round and reactive to light. The utilization review in question was completed on January 7, 2014. The requested 24/7 home health services was denied. The reviewer denied the claim based on insufficient data submitted which consisted only of the November 15, 2013 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 HOME HEALTH CARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, HOME HEALTH SERVICES, 51

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of home health services, but notes that in general this should not exceed 36 hours weekly. Additionally, minimal documentation is provided in the November 15, 2013 note to support this request. Physical examination is lacking any documentation of a fracture of the sacrum or indication as to the medical necessity of the home health or rationale behind this request. The request for home health care, 24 hours per day, seven days per week, is not medically necessary or appropriate.