

Case Number:	CM14-0107655		
Date Assigned:	08/01/2014	Date of Injury:	04/22/2011
Decision Date:	12/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Practice 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 injured worker is a 36 year old male who suffered an unknown work related injury on 04/22/2011, which included a right hip fracture. He underwent open reduction internal fixation of the right hip on 04/22/2011. His postoperative course was complicated by Methicillin-resistant Staphylococcus aureus (MRSA) osteomyelitis, which required hardware removal on 05/09/2012 and an extensive antibiotic course. He underwent a right total hip replacement 09/25/2013 and extensive follow-up rehabilitation including physical therapy. He continues to require shoe inserts to correct leg length discrepancy. The injured worker had underlying diabetes, and developed renal failure requiring dialysis status post his injury. He is now on the kidney transplant list. His current diagnoses include, leg length discrepancy, chronic pain and gait disturbance, MRSA carrier, and closed head injury. The request now is for 8 sessions of home occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Occupational Therapy 1 x 8 weeks right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Home Health Page(s): 98-99; 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGHip and Occupation/Physical Therapy

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, therapy is limited to 10 visits for myalgia and neuritis related symptoms. According to the Official Disability Guidelines (ODG) guidelines, post-operative therapy for the hip is limited to 24 visits over 10 weeks. In addition, home health is recommended for those who are home bound. In this case, the claimant had received an unknown amount of post-operative therapy after surgery in 2013. There was no mention of the claimant being home bound. The request for home occupational therapy is not medically necessary.