

Case Number:	CM14-0011109		
Date Assigned:	02/21/2014	Date of Injury:	07/18/2009
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 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 46-year-old female who has submitted a claim for trochanteric bursitis and iliopsoas tendinitis associated with an industrial injury date of July 18, 2009. Medical records from 2012 to 2013 were reviewed. The patient complained of constant left hip pain that was aggravated by movement. Physical examination revealed tenderness from the ASIS region down through the iliopsoas muscle, and piriformis muscle tenderness. ROM arc was as follows: flexion-extension arc left 0-120 degrees, right 0-130 degrees; internal rotation of the hip 10 degrees, right hip 25 degrees, external rotation left hip 50 degrees, right hip 60 degrees; abduction left hip 50 degrees, and right hip 70 degrees. Treatment to date has included NSAIDs, opioids, topical analgesics, muscle relaxants, cortisone injection, physical therapy, acupuncture, left hip injection (10/8/13), and left hip arthroscopy (3/19/10 and 3/19/12). Utilization review from January 23, 2014 denied the request for home health 4 hours/day x 5 days/week for one month because the patient is not home bound.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH 4 HRS/DAY X 5 DAYS/WEEK FOR ONE MONTH: 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 2009, 9792.24.2., Page(s): 51.

Decision rationale: According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only 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. In this case, home health care was requested to help the patient during episodes of severe left hip pain. However, recent progress notes also failed to document physical examination findings that would substantiate that the patient is truly homebound. Patient reported that with modified duty, she feels that she could potentially do her work as a dialysis nurse. There is likewise no documentation concerning need for professional nursing services in the form of home health aide. Therefore, the request for Home Health 4hours/day x 5days/week for 1 month is not medically necessary.