

Case Number:	CM14-0111957		
Date Assigned:	08/01/2014	Date of Injury:	02/20/2013
Decision Date:	10/07/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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:

This 55 year old male sustained an injury on 02/20/2013 when he fell down onto his buttocks while pushing a large container of milk. His past medication history included Norco, Gabapentin, lisinopril, allopurinol, trazodone and Furosemide. Prior treatment history has included 8 sessions of physical therapy with no improvement in symptomatology. The patient had an x-ray of the right hip which revealed severe joint space narrowing, marginal bone spur, and subchondral cyst formation; subchondral sclerosis and femoral head collapse. X-rays of the left hip revealed moderate joint space narrowing, decreased femoral head-neck offset; acetabular pincer lesion; marginal bone spur; and subchondral cyst formation. Office visit dated 06/11/2014 states the patient presented with complaints of pain in his bilateral buttocks and anterior groin. He reported sleeping difficulty and was taking Norco for breakthrough pain. On exam, his right hip revealed restricted range of motion secondary to pain and tenderness which was localized to groin and greater trochanter area. Active range of motion revealed limited range of motion as well secondary to pain. His muscle strength was 4/5 and he had resisted straight leg raise. The left hip revealed pain and tenderness to groin and greater trochanter area. He had positive Trendelenberg's sign and exhibited pain with passive range of motion. Orthopedic tests were positive including Faber test and Patrick's test. The patient is diagnosed with osteoarthritis of the left and right hip. He has failed all non-surgical treatment and has been recommended for surgical intervention, a right anterior total hip arthroplasty. The patient was advised to discontinue his blood thinner medication one week pre-op. He was prescribed Lovenox, Percocet, physical therapy and P+S (6 months post-op final hip). Prior utilization review dated 07/08/2014 states the request for Home Health Nursing Service 2 Times a Week for 2 Weeks is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH NURSING SERVICE 2 TIMES A WEEK FOR 2 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HOME HEALTH SERVICES

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

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, home health services are, "recommended only for otherwise recommended medical treatment for patients who are home bound, 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 a request is made for home health nursing service 2 times a week for 2 weeks. However, the patient is not home bound. Medical treatment is not clearly needed. No specific rationale is provided for this request. Medical necessity is not established.