

Case Number:	CM14-0135583		
Date Assigned:	09/05/2014	Date of Injury:	04/02/2013
Decision Date:	10/08/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 injured worker is a 61-year-old female who injured her low back and hip on April 2, 2013 while strapping boxes in her usual and customary job duties. Progress report of June 19, 2014 indicates the injured worker is status post right total hip arthroplasty and has progressed as expected in her postsurgical inpatient hospital course. At that time, there was a request for home care services, including use of a home health aide three hours per day, seven days a week for four weeks, home care physical therapy times eight sessions as well as a tub transfer bench, a "hip kit" and outpatient physical therapy services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health aide service 3 hours per day, 7 days per week for 4 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 (ODG): Home Health Services

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for a home health aide for twenty-one hours per week for four weeks would not be indicated. The defined

need for a home health aide is not documented in the medical records. The services to be performed by a home health aide are also not provided. The Chronic Pain Guidelines state that home health services are typically recommended only for homebound individuals. At the four week mark following total hip arthroplasty, there would be no indication for the injured worker to be homebound. The role of a home health aide for the documented time period would thus not be indicated. As such, this request is not medically necessary.

Home physical therapy 2 times per week for 4 weeks, QTY: 8 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Home Health Services

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

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would support eight sessions of home care physical therapy. This individual is status post recent total hip arthroplasty. The role of initial home care physical therapy would be supported given the injured worker's initial homebound status. Therefore, the request is medically necessary.

Tub transfer bench: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure -Durable medical equipment (DME)

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines would support the use of a tub transfer bench. This durable medical equipment would be indicated following total hip arthroplasty given hip precaution restrictions and the injured worker's initial functional weakness in the postoperative period. As such, this request is medically necessary.

Hip kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines would not support a "hip kit". It is unclear as to what a "hip kit" would entail or as to why the physical therapy being prescribed would not be more appropriate for this individual for initial postsurgical treatment. While home exercises and strengthening kits can be beneficial in the subacute stage, the acute need at this stage in the injured worker's course of rehabilitation would not be indicated. Therefore, the request is not medically necessary.

Outpatient occupational therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would support occupational therapy. The role of occupational therapy following total hip arthroplasty on an outpatient basis would be indicated given the nature of the surgery and the injured worker's current rehabilitative process. Therefore, the request is medically necessary.