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| Case Number: | CM14-0172920 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 06/17/2006 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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:

This is a 56-year-old claimant with a reported industrial injury date of 6/17/06. Exam note dated 9/30/13, demonstrates the patient came in for evaluation due to chief complaint of left hip pain and left shoulder pain. The left hip pain was rated 10 and became more pronounced. The patient occasionally felt numbness and tingling in the left shoulder and fingers in left hand. Physical examination revealed left hip had painful range of motion. Flexion was 90 degrees, internal rotation 20 degrees, external rotation 30 degrees and abduction 40 degrees. The patient is noted to have an antalgic gait. There was mild tenderness diffusely. The patient is given a diagnosis of end stage left hip osteoarthritis. This is a request for post-operative nurse for evaluation, medication intake and vitals twice a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Post-operative Nurse for Evaluation, Medication Intake, and Vitals, Twice a Week for Two 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) Hip and Pelvis Chapter, Skilled Nursing Facility (SNF) Care

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration." There is no evidence in the records from 9/30/13 that the patient will require home health services. There are no other substantiating reasons why home health services are required. Therefore, this request is not medically necessary.