

Case Number:	CM14-0059405		
Date Assigned:	07/09/2014	Date of Injury:	05/06/2013
Decision Date:	08/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	04/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of May 6, 2013. A utilization review determination dated April 29, 2014 recommends non-certification for home physical therapy 3 times a week for 4 weeks for the left hip. Non-certification was recommended since the patient has already undergone 24 sessions of physical therapy post operatively following Open reduction internal fixation for a hip fracture on May 6, 2013. A progress report dated February 26, 2014 identifies subjective complaints of no pain. Objective findings identify tenderness to palpation on the greater trochanter. Diagnoses include left hip fracture status post ORIF and compensatory right GT bursitis. The treatment plan recommends ice, Naproxen, Prilosec, and Norco. No physical therapy is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy, three (3) times a week for four (4) weeks, for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine; Home health services Page(s): 99; 51. Decision based on Non-MTUS Citation ODG, Hip & pelvis, Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine: Home health services Page(s): 98-99, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Physical Medicine Treatment.

Decision rationale: Regarding the request for 12 sessions of physical therapy, Chronic Pain Medical Treatment Guidelines state that physical therapy is recommended. ODG recommends a maximum of 24 physical therapy visits for the postsurgical treatment of femoral neck fractures. Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has already undergone. Additionally, the most recent progress reports available for review failed to identify any objective functional deficits which would need to be addressed with additional physical therapy. Finally, there is no indication of the patient is homebound to necessitate treatment in a home environment. In the absence of clarity regarding those issues, the current request for home physical therapy 12 visits for the left hip is not medically necessary.