

Case Number:	CM14-0180505		
Date Assigned:	11/05/2014	Date of Injury:	02/20/2013
Decision Date:	03/10/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 a work related injury on 02/20/2013. According to a progress report dated 07/17/2014, an injury was sustained in February of 2013 while pushing a large container of milk when he fell down onto his buttocks. Pain was worse on the right than the left. Documentation submitted for review included a MRI of the right hip on 04/24/2014 and a MRI of the right knee dated 04/25/2014. There was no radiographic imaging submitted for the left hip. On 07/23/2014, the injured worker underwent Total Hip Arthroplasty on the right, complex secondary to BMI and severe femoral metaphyseal-diaphyseal mismatch, increased time and complexity and prophylactic cabling of the proximal femur. According to the latest progress note submitted for review and dated 09/02/2014, the injured worker was status post right Total Hip Arthroplasty. He was able to control pain with medication. He was experiencing minimal pain post-operatively. Pain level was rated a 4 on a scale of 0-10. His left hip was starting to slow him down. He was using a four wheeled walker and a cane occasionally. His medication regimen included Percocet, Diclofenac Sodium, Trazodone HCL, Norco, Gabapentin, Indomethacin, Lisinopril, Allopurinol and Furosemide. The provider noted a right hip exam that included limited exam secondary to pain, no pain/tenderness, gait with walker, no signs or symptoms of infection, laceration healing well and incision healing well. According to the provider post-operative radiographs revealed status post hip arthroplasty, good prosthesis alignment. AP of the pelvis revealed well placed implants and no signs of subsidence or change from post-op films. Left hip showed moderate osteoarthritis. The providers noted impression and comments included: Total Hip Arthroplasty right, left hip osteoarthritis, continue self-

directed physical therapy and walking right hip, left hip osteoarthritis thinking about Total Hip Arthroplasty in November, Norco #120 dispensed and follow up in 6 weeks for clinical recheck and left hip AP and lateral with markers to plan for Total Hip Arthroplasty in November. On 10/22/2014, Utilization Review non-certified the request for home health services 3 times a week x 4 weeks. The request was received on 10/17/2014. According to the Utilization Review physician, there was no focal examination to indicate severe osteoarthritis of the left hip or left hip specific radiographs. There was no documented failure of conservative measures in reference to the left hip which is required by treatment guidelines prior to surgical intervention. The requested Left Total Hip Arthroplasty was not certified. Therefore, the requested Home Health Services was not medically necessary. Guidelines referenced for this review included Official Disability Guidelines Hip & Pelvis. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Home health services 3 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis

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 home-bound 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 9/2/14 that the patient is home bound. There are no other substantiating reason why home health services are required. Therefore determination is for non-certification.