

Case Number:	CM14-0196591		
Date Assigned:	12/04/2014	Date of Injury:	04/21/2009
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 60 year old female with an injury date of 04/21/09. The most recent report provided is dated 04/14/14, stating that the patient presents with ongoing pain in the back and bilateral hips radiating to the right thigh when standing. Pain is constant, rated 9/10 and associated symptoms include numbness, tingling, weakness and swelling as well as sleep problems, irritability and depression. There is also pain in the right arm and hand. On 04/14/14 the treating physician states the patient has ongoing permanent disability. Examination reveals pain limited range of motion in the left knee and hip. There is allodynia to light touch noted in the left proximal thigh and left leg. The patient's diagnoses include: Hip Impingement; myofascial pain/myositis; abnormality of gait; and bilateral heterotopic ossifications with some degenerative joint disease and degenerative disc disease at L4-L5 and L5-S1 (Per CT scan of pelvis diagnostics discussion 04/14/14). The 10/16/13 operative report for insertion of venous access port and catheter is included. Post-operative diagnosis includes carcinoma of the left breast. The 10/28/13 report mentions total left hip replacement performed; however, date unknown, but appeared to have happened in 2013 prior to August. The 03/03/14 Assessment and treatment plan states review of CT scans of the bilateral hips show, "...the prosthesis is in place but there appears to be some irregularity in the cortex on the left of the proximal aspect of the femoral shaft." The report further states symptomatology and clinical findings are consistent with complex regional pain syndrome causalgia and that altered gait pattern aggravates underlying lumbosacral spine. Current medications are listed as Terocin lotion, Exforge, Multivitamin, Oxycontin, Timolol and Valium. The utilization review being challenged is dated 11/19/14. The rationale is that based on available information home health care is not a medical necessity and Official Disability Guidelines (ODG) recommends knee braces for ligamentary

instability which has not been documented. Progress reports were provided from 07/03/13 to 04/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home health care 5 hours per day, 7 days per week QTY: 12 months: 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: The patient presents with ongoing pain in the back and bilateral hips status post total left hip replacement that appears to have been in 2013 prior to August. The treating physician requested for in-home health care 5 hours per day 7 days per week QTY 12 month per report of unknown date. The RFA is not included. The 11/19/14 utilization review states the date of the RFA is 11/11/14. MTUS guidelines page 51 states, Home health services: "Recommended only for otherwise recommended medical treatment for patients who are homebound, 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 (CMS, 2004)." The treating physician does not discuss the request in the reports provided. The 04/14/14 report states the patient is unable to complete or requires assistance to complete: bathing, cooking, dressing, driving, grooming, and sexual activity. The reports include a home health certification and plan of care for the period 01/20/14 to 03/20/14 for aftercare joint replacement. Discharge plans include: Fair rehab potential for attaining established goals; Able to remain in residence with assistance of primary caregiver/support from community agencies. In this case, it appears the patient received prior home health care for at least two months following hip replacement. The treating physician does not explain why home care is needed at this juncture. There is no discussion regarding the patient's activities of daily living (ADL) and self-care needs, social situation and what physiologic deficits are still present in terms of mobility, transfers and self-care. Therefore, this request is not medically necessary.

PRO right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Chapter, Knee Brace

Decision rationale: The patient presents with ongoing pain in the back and bilateral hips status post total left hip replacement that appears to have been in 2013 prior to August. The treating physician requested a pro right knee brace, per report of unknown date. The 11/19/14 utilization review states this request is for a "PTO" knee brace. The RFA is not included. Utilization review states the date of the request is 11/11/14. ACOEM page 340 does state, "A brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary." Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Brace, stated recommended as indicated. Criteria are listed as: Knee instability, Ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. In this case, the reports provided show limited range of motion in the "left knee" with a diagnosis of abnormality of gait. However, there is no documentation of right knee instability or other diagnoses/surgery of the knee that meets Official Disability Guidelines (ODG) criteria listed above for use of a knee brace. Therefore, this request is not medically necessary.