

Case Number:	CM14-0198312		
Date Assigned:	12/08/2014	Date of Injury:	10/08/2014
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 an 82 year old male with a date of injury of October 8, 2014. Results of the injury include a left hip fracture. Diagnosis included left hip fracture, status post open reduction internal fixation with intramedullary nail placement, postoperative anemia, hypoxemia rule out atelectasis verses pneumonia, chronic kidney disease, and paroxysmal atrial fibrillation. Physical findings dated October 13, 2014 showed swelling to the left leg from the incision down distally below the knee. The calf and was also swollen and nontender. X-rays in the Emergency Department showed a left hip fracture with angulation. Treatment modalities include a rehab program for interdisciplinary therapy, physical therapy, occupational therapy, and rehab nursing, and routine follow up for medical care. Utilization review form dated October 30, 2014 modified 24-hour care giver services 7 days per week according to MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

24-hour care giver services 7 days per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: According to MTUS guidelines, home health services are < 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)>. There is no documentation that the patient condition requires 24/7 home care. Although the patient has significant disability with his hip fracture and age, his condition does not require 24 h/days for 7 days per week for non limited time. The patient does not have a documentation of lack of support system at home. Therefore, 24-hour care giver services 7 days per week is not medically necessary.