

<b>Case Number:</b>	CM14-0200588		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal Medicine 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 injured worker is a 58-year-old woman with a date of injury of November 24, 2010. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are status post right total hip replacement; severe right hip osteoarthritis; chronic right hip pain; right hip internal derangement; psyche; and depressions. Pursuant to the Primary Treating Physician's Progress Report of Occupational Injury dated November 25, 2014, the presents for her 3-week post-op appointment. The IW is status post right total hip replacement on November 5, 2014. The provider indicates the IW is getting home physical therapy. Examination reveals tenderness to palpation of the lumbar paraspinals and right hip. Muscle girth is symmetric in all limbs. Right hip range of motion were restricted by pain in all planes. Right hip provocative maneuvers are positive. Muscle strength is 5/5 in all limbs. The remainder of the exam is unchanged. The IW is taking Norco 10/325mg for pain. The current request is for a Home Health Aide 6 hours per day, 7 days a week for 4 weeks. There was no documentation in the medical record indicating why the IW needed the Home Health Aide. There was no documentation regarding the injured worker's functional limitations postoperatively. According to the Notice of Surgical Authorization dated October 2, 2014 the IW has been certified for the following postoperatively: Home Health RN 2X4 post-op, Home Aide x1 week post-op, Home Health Physical Therapy 2X4 post-op, Front wheeled walker, Shower chair, Raised commode, and Grabber/reacher aide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Health Aide six hours per day, 7 days a week for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, page 92

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home Health Services

**Decision rationale:** Pursuant to the official disability guidelines, home health aide six hours per day, seven days a week for four weeks is not medically necessary. Home health services are recommended only for otherwise medically necessary medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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 bathroom when this is the only care needed. In this case, the injured worker had a total hip replacement on November 5, 2014. The injured worker is 59 years old and the date of injury is November 24, 2010. According to the Notice of Surgical Authorization dated October 2, 2014 the injured worker has been certified for the following postoperatively: Home Health RN 2X4 post-op, Home Aide x1 week post-op, Home Health Physical Therapy 2X4 post-op, Front wheeled walker, Shower chair, Raised commode, and Grabber/Reacher aide. Pursuant to the Primary Treating Physician's Progress Report of Occupational Injury dated November 25, 2014, the presents for her 3-week post-op appointment. The provider indicates the IW is getting home physical therapy. There was no indication whether she was homebound. There was no documentation of any medications or dressing changes requiring the assistance of a home health aide. A home health R.N. and an aid for one week were authorized. There was no clinical rationale in the medical record to support additional home health aide services. Custodial care is not supported by the guidelines. Consequently, absent the appropriate documentation, clinical indications and medical needs/necessity for additional home health aide services, home health aide six hours per day seven days a week for four weeks is not medically necessary.