

Case Number:	CM14-0202388		
Date Assigned:	12/12/2014	Date of Injury:	11/16/2012
Decision Date:	01/29/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 New York. 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 71 year old female injured worker (IW) fell on 11/16/2012 sustaining injury to her left hip. The IW initially had a femoral neck fracture after which she fell and developed a subtrochanteric fracture. The hip was fixed with an intermedullary nailing and went on to develop femoral head necrosis and osteoarthritis and the IW was eventually given a total hip replacement. Since the initial injury, the IW has sustained multiple falls with injuries to the face and head. Poor nutrition, weakness, development of a foot ulcer requiring amputation, and general decreased function accompanied by overall geriatric needs have increased her level of care needed. An element of depression is also present. In a request for authorization received by the claims administrator on 11/11/2014, a prospective request was made for an assisted living facility or home Nursing or home health assistance. The ROA for this date is not included in the submitted records. On discussion the request became for an assisted living facility for one year. The claims administrator reviewed medical records that included progress reports from the treating physicians, an agreed upon medical evaluation (AME) dated 07/28/2014, and a transitional care center admission form from 07/09/2014. In the AME, the examiner summarized that reasonable treatment would include continued (home exercise program) HEP, occasional refills of anti-inflammatories, analgesics, and muscle relaxants and states that overall, the IW is either walker or wheelchair bound at the point of the report. The transitional care center documented a diagnosis of abnormality of gait, muscle weakness (general), aseptic necrosis of the femur, hypertension, anemia, and osteoporosis. The utilization review (UR) decision of 11/25/2014 recommended modification of the request to certify assisted living facility for three months. California Medical Treatment Utilization Schedule (CA-MTUS) did not address this issue. The National Center for Assisted Living (NCAL) was cited. Certification of three months of service followed by a comprehensive re-evaluation of the patient's needs was approved with the rationale

that there is a possibility of some improvement and possible return to home under a lower level of care. The application for independent medical review (IMR) on 12/03/2014 was submitted for assisted living facility or home nursing or home health assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assisted living facility for one year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Department of Health and Human Services, Agency for Healthcare Research and Quality Chapter 3. Assisted Living Defined

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Determination Manual. Home Health Care Services and Skilled Nursing Facility Care.

Decision rationale: The request is for assisted living for a year. MTUS and ODG are silent on this topic. The Medicare Determination Manual notes that custodial care - assistance with activities of daily living by an untrained individual - is not a covered benefit. The patient had a hip fracture and has received physical therapy. Assisted living service for a year is not medically necessary.