

Case Number:	CM14-0025673		
Date Assigned:	06/13/2014	Date of Injury:	08/17/1999
Decision Date:	04/02/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 70 year old female who sustained an industrial injury on 08/17/97. She reports right hip pain and is status post multiple hip surgeries. On 09/23/13 she underwent revision of right hip arthroplasty with pelvic reconstruction. She was in a rehabilitation facility and was discharged home on 00/02/13. On 11/04/13 she had a physical therapy visit to evaluate home safety concerns. On 01/31/14 Utilization Review non-certified a physical therapy home safety evaluation, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home safety evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Knee and Leg, Procedure Summary (updated 1/9/13), Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare guidelines, OIG opinion on home safety evaluations.

Decision rationale: The California MTUS , ACOEM and the ODG do not specifically address the request. Per the Medicare OIG opinion on home safety consults, they appear to offer limited benefit to patients and do not fall under included Medicare benefits even when the patient is post hospitalization or surgery. Therefore the request is not certified.