

Case Number:	CM14-0060538		
Date Assigned:	07/09/2014	Date of Injury:	11/02/2000
Decision Date:	05/27/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on November 2, 2000. She reported bilateral hip pain. The injured worker was diagnosed as having status post left total hip replacement, bilateral hip sprain/strain and bilateral avascular necrosis and lumbar musculoligamentous sprain/strain with right lower extremity radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left, physical therapy, TENS unit, medications and work restrictions. Currently, the injured worker complains of bilateral hip pain with associated radicular symptoms. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 9, 2014, revealed continued pain. Right hip surgery was scheduled. Home health was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home care assistance, 6 hours a day, 7 days per week for one week then progress to 4 hours a day, 3 days per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare benefits manual (rev.144, 05-06-11), Chapter 7 - Home health services; section 50.2 (Home health aide services).

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 and Other Medical Treatment Guidelines Medicare Benefit Manual, Chapter 7, section 50.7 (home health services).

Decision rationale: Pursuant to the Official Disability Guidelines and the Medicare Benefit Manual, Chapter 7, section 50.7 (home health services), one homecare assistance six hours per day for seven days a week for one week, then four hours per day for three days per week times six weeks is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. The Medicare Benefit Policy Manual states services must be part-time or intermittent. The combined time of skilled nursing and home health aide services must be less than eight hours each day and 28 or fewer hours each week. In this case, the injured worker's working diagnoses are status post left total hip replacement February 2013; bilateral hip sprain/strain and bilateral avascular necrosis; and lumbar sprain/strain with right lower extremity radiculopathy. The injured worker is scheduled for a right total hip replacement on April 25, 2014. Based on the nature of the surgical procedure, the injured worker will be homebound for a period of time. There is no indication in the medical record whether the injured worker will be in a skilled nursing facility for the immediate postoperative period. The guidelines recommend "less than eight hours each day and 28 or fewer hours each week." The treating provider is requesting six hours per day for seven days a week for one week. The total number of hours the first week exceeds that allowable according to the Medicare Benefit Policy Manual. Consequently, according to the guideline recommendations the treating provider has exceeded the recommended number of hours per week and, as a result, one homecare assistance six hours per day for seven days a week for one week, then four hours per day for three days per week times six weeks is not medically necessary.