

Case Number:	CM15-0182484		
Date Assigned:	09/23/2015	Date of Injury:	01/30/2014
Decision Date:	10/28/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/16/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 44-year-old female, who sustained an industrial injury on 1-30-2014. The injured worker was diagnosed as having right hip pain-hip sprain. Treatment to date has included physical therapy, injections, and medications. Currently (8-18-2015), the injured worker complains of "no relief of her symptoms despite trying the last injection". She stated she may be "more sensitive" since the injection. She noted throbbing in her hip region and "it feels hot". Medication use included Ibuprofen and Norco. Exam of the right hip noted pain and tenderness at the greater trochanter, iliotibial band, piriformis, and sacroiliac joint. Gait was antalgic and active range of motion and strength were "limited", secondary to recent pain. Faber test was positive. The treating physician to show "tendinosis right abductor tendons" documented magnetic resonance imaging of the right hip (2015). Per the request for authorization dated 9-03-2015, the treatment plan included right open redactor repair and bursectomy (certified) and home health services to include home health aide x6 (non-certified by Utilization Review on 9-11-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health services to include home health aide x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are homebound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. There is no evidence in the records from 8/18/15 that the patient is home bound. There are no other substantiating reasons why home health services are required. Therefore, determination is not medically necessary.