

Case Number:	CM15-0182596		
Date Assigned:	09/23/2015	Date of Injury:	08/31/2001
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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(n) 74 year old female, who sustained an industrial injury on 8-31-01. The injured worker was diagnosed as having bilateral knee degenerative joint disease, chronic left leg venous insufficiency with edema, thoracic kyphosis and spinal stenosis with degenerative lumbar scoliosis. The physical exam (3-27-15 through 6-19-15) revealed severe scoliotic deformity, waddling gait and foot drop. Treatment to date has included a bone scan ordered on 3-5-15 (results not available), Tylenol and Percocet. As of the PR2 dated 8-4-15, the treating physician reports the injured worker is tentatively pending a hip revision this month. There is also an improvement in the findings of cellulitis and a repeat white blood cell count revealed no leukocytosis. Objective findings include severe scoliotic deformity, waddling gait and persistent pedal edema. In the supplemental report dated 8-28-15, the treating physician noted that the injured worker has difficulty standing and has a labored gait. The treating physician also noted that the injured worker will be home bound following the right hip revision arthroplasty. The treating physician requested home care assistance (hours) qty 672.00. The Utilization Review dated 9-9-15, modified the request for home care assistance (hours) qty 672.00 to home care assistance (hours) qty 224.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care Assistance (hours) Qty: 672.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended 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 the bathroom when this is the only care needed. In this case, the injured worker is in a post-operative status for a right hip revision total arthroplasty. She is considered to be homebound and requires ongoing home medical care assistance. Although this patient is in need of and would benefit from home health care, this request for 3 months of care is not supported. There would need to be a periodic assessment of functional benefit and continued medical necessity to continue the care for 3 months. The request for home care assistance (hours) Qty: 672.00 is determined to not be medically necessary.