

Case Number:	CM15-0185660		
Date Assigned:	09/25/2015	Date of Injury:	09/24/2014
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Physical Medicine & Rehabilitation

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 39-year-old female injured worker suffered an industrial injury on 9-24-2014. On 9-2-2015, the treating provider reported this was a post-operative visit after distal femoral osteotomy 1 week prior. She was in moderate to severe pain with difficulty in mobility, trouble getting up and down stairs, trouble with cleaning the house and mobility in general. The physical therapy goals were for gait training and range of motion to the knee and should remain toe touch weight bearing. There was no documentation of presence or absence of any additional home assistance she was or was not getting by family or friends. Request for Authorization date was 9-3-2015. The Utilization Review on 9-10-2015 determined modification for Home Post-Operative Physical Therapy, Right Knee # 12 to #6, non-certification for home Health Nurse 4 Hrs Daily X4 Weeks and House Cleaning 2 Times a Week for 5 Weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Post Operative Physical Therapy, Right Knee # 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.
Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

Decision rationale: The patient is s/p femoral osteotomy procedure in August 2015 with request for #12 home postop PT. This has been modified for #6 home PT with remaining 6 sessions as outpatient. A physical therapy program that starts immediately following hip/leg injury or surgery allows for greater improvement in muscle strength, walking speed and functional score. Guidelines, post-operative therapy allow for 18-24 visits over 12 weeks for arthroscopic debridement and femoroplasty/ hip arthroplasty over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further home physical therapy beyond the initial guidelines criteria. The patient's procedure is now 2 months post without documented functional limitations, post-operative complications, or comorbidities to allow for continued home physical therapy visits as the patient does not appear home bound. There is no reported functional improvement from treatment already rendered and transition to an independent home exercise program is recommended without identified treatment benefit. It has not been identified if the patient sustained post-operative complication and became homebound with slow progress, requiring home PT beyond post-op hospital therapy. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. The Home Post Operative Physical Therapy, Right Knee # 12 is not medically necessary and appropriate.

Home Health Nurse 4 Hrs Daily X4 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The patient is s/p femoral osteotomy procedure in August 2015 with request for home health nurse. MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care and home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living. The patient was ambulatory without noted assistive device and independent with ADLs without being bedridden prior to planned surgery. Report submitted has not identified any comorbid disorders or postop complications to support for a home health nurse with wound intact and steristrip. The Home Health Nurse 4 Hrs Daily X4 Weeks is not medically necessary and appropriate.

House Cleaning 2 Times A Week For 5 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living as the patient is able to attend doctor's visit. Exam has no clear neurological deficits to hinder patient homebound. The House Cleaning 2 Times A Week For 5 Weeks is not medically necessary and appropriate.