

Case Number:	CM15-0199337		
Date Assigned:	10/14/2015	Date of Injury:	11/07/2013
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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, 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 51-year-old female, who sustained an industrial injury on 11-7-13. The injured worker is diagnosed with right knee anterior cruciate ligament tear, left hip sprain, post labral tear repair and lumbar sprain. Her work status is modified duty. Notes dated 7-24-15 - 8-24-15 reveals the injured worker presented with complaints of left hip pain and right knee pain rated at 3- 4 out of 10. She experiences pain with sitting, standing, walking and left hip rotation. She is able to sit for 4 hours with position changes and experiences increasing right hip pain after 30 minutes. She is able to walk for 30 minutes, lift 10-20 pounds. Shopping cause's pain and requires frequent rest periods. Physical examinations dated 7-24-15 - 8-24-15 revealed left hip- groin tenderness, which increases with minimal hip rotation. There is tenderness at the right knee cap with popping during flexion and extension. Treatment to date has included a left hip arthroscopy, acetabuloplasty, femoral head osteochondroplasty, labral takedown and secondary repair and greater trochanteric bursectomy (2014), intra-articular hip joint injection (2015), which provided little immediate pain relief, per note dated 7-1-15, medication and acupuncture, which reduced her hip pain, but flared up her low back pain, per note dated 5-28-15. Diagnostic studies to date have included left hip MRI (2014, 2015), pelvis x-rays (3-2015), ultrasound revealed residual impingement and soft tissue encroachment per note dated 8-24-15 and a right knee MRI reveals looseness and laxity per note dated 8-24-15. A request for authorization dated 9-10-15 for reimbursement for caretaker's time (x10 hours per day x2-3 weeks) and caretaker's mileage (to and from appointments) is denied, per Utilization Review letter dated 9-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reimbursement for Caretaker's Time (x10 hours/day, x2-3 weeks): Upheld

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

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

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time intermittent basis, generally up to no more than 35 hours/week. There is no evidence that this patient is homebound. The duties of the caretaker are not specified. There is no indication that the caretaker is a licensed healthcare provider or that the caretaker will be providing medical services. Therefore, the request is not medically necessary or appropriate.

Reimbursement for Caretaker's Mileage (to/from appointments): Upheld

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

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

Decision rationale: CA MTUS Guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours/week. This request is for reimbursement for caretaker's mileage to and from appointments. This patient is on modified work duty status. The patient is not homebound. There is no indication that the patient requires a caretaker, so reimbursement for mileage is not medically necessary or appropriate.