

Case Number:	CM15-0205819		
Date Assigned:	10/22/2015	Date of Injury:	08/27/2010
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: Connecticut, California, Virginia
 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 49 year old male, who sustained an industrial injury on 8-27-10. The injured worker was being treated for right hip pain with evidence of femoral acetabular impingement and probable underlying slipped capital femoral epiphysis. On 8-14-15, the injured worker worsening hip pain, inability to stand or walk more than 5-6 blocks and hip pain at night with complete inability to carry out any vigorous workout activities. Documentation of physical exam was not presented for date of service 8-14-15. MRI hip arthrogram performed on 5-20-15 revealed right hip femoroacetabular impingement, severe cartilage thinning of superior aspect of right femoral head and anterosuperior right acetabulum, tearing of the superior labrum, anterosuperior labrum and posterior labrum and slightly enlarged prostate gland. Treatment to date has included ibuprofen, activity modifications. On 9-28-15 request for authorization was submitted for home health physical therapy 2 time a week for 4 weeks (there is no documentation to indicate why the injured worker would require physical therapy). The treatment plan for date of service 8-14-15 included a request for total hip replacement. On 10-2-15 request for home health physical therapy 2 time a week for 4 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Hip & Pelvis (Acute & Chronic).

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

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 51) indicate that home health services are only recommended for otherwise recommended medical treatments in cases of patients who are homebound, and only on an intermittent basis (generally up to no more than 35 hours per week). Per the guidelines, medical treatment does not include homemaker services like shopping, cleaning, laundry or personal care like bathing, dressing, and using the bathroom when this is the only care that is needed. In this case the supplied records give no indication of treatment modalities being pursued as part of a home care plan. Utilization Review reasonably denied the request due to lack of notes to sufficiently support the request. If the request is, in fact, for appropriate home PT in the immediate post-operative period, it should be indicated, as other home health services are not supported by the guidelines. Unfortunately activities of daily living in the absence of further medical treatment requirements in the home are specifically addressed by the MTUS guidelines as inadequate reasons for recommending home health assistance. Without a more detailed rationale the request in this case is not considered medically necessary.