

<b>Case Number:</b>	CM15-0208188		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/20/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Texas, Illinois

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 an 82 year old male, who sustained an industrial injury on 9-20-2015. The injured worker is undergoing treatment for: closed non-displaced fracture of the head of the left radius, left hip contusion, abdominal wall contusion, and left elbow open wound. On 9-24-15, he reported having difficulty walking and caring for his self. He rated his pain 10 out of 10. On 9-25-15, he reported low back, left hip and left lower extremity pain that is worsened with weight bearing. He also reported left elbow pain. Objective findings revealed the left elbow to be non-tender and have no crepitation with range of motion; the left hip and thigh are noted to have tenderness in the buttock and greater trochanter, positive Patrick-fabere testing, decreased range of motion. On 9-28-15, he reported having no new complaints. Objective findings revealed an abnormal gait, kyphotic spine, hip crepitus noted, tenderness of the lumbosacral spine, hip deformity noted, non-restricted lumbar range of motion, non-tenderness of the left elbow, no tenderness in the left hip and thigh, decreased left hip and thigh range of motion with positive Patrick-fabere testing, positive straight leg raise testing, decreased deep tendon reflexes of the bilateral patellar and Achilles. There was no discussion of his being homebound. The treatment and diagnostic testing to date has included: medications, rest, sling, and hospitalization. Medications have included: acetaminophen. Current work status: off work. The request for authorization is for: home health for activities of daily living x12. The UR dated 9-29-2015: non-certified the request for home health for activities of daily living times 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care for ADL (activities of daily living) x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis - Home health services.

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

**Decision rationale:** The injured worker sustained a work related injury on 9-20-2015. The medical records provided indicate the diagnosis of closed non-displaced fracture of the head of the left radius, left hip contusion, abdominal wall contusion, and left elbow open wound. Treatments have included medications, rest, sling, and hospitalization. The medical records provided for review do not indicate a medical necessity for Home health care for ADL (activities of daily living) x 12. The MTUS does not recommend home health services except for otherwise recommended medical treatment in an individual who is homebound. The medical records do not indicate the injured worker is home bound. Therefore, the request is not medically necessary.