

Case Number:	CM15-0039066		
Date Assigned:	03/09/2015	Date of Injury:	05/07/2003
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 50-year-old male, who sustained an industrial injury on 5/7/2003. The injured worker has complaints of having more trouble in performing activities of daily living due to his bilateral hip symptoms and trouble with doing light and heavy household chores and if he even tries. He gets increased pain in his hips. Examination noted that there is tender anterior joint and that he ambulates with a slow guarded gait with a limp. The diagnoses have included status post May 15, 2003 left total hip replacement with subsequently massive heterotropic bone formation and flexion contracture and status post June 2003 right hip core debridement with placement of bone graft/hip tool/plate and screws.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health assistance for 2 hours a day, 7 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Benefits Manual (Revision 144) Chapter 7-Home Health Services, section 50.2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Custodial Care: Patient Selection criteria (4/2015) Medicare Benefits Manual Chapter 7 Home Health Services section.

Decision rationale: MTUS, ACOEM, and ODG guidelines do not address a request for home health care. Therefore, the Medicare benefits manual patient selection criteria was referenced. This patient does not meet the below listed criteria as this patient is not confined to his home, nor is there documentation of extreme difficulty in him leaving his home. The medical necessity of this request has not been established. Therefore, the request is not medically necessary. Patient selection criteria: 1) The individual is confined to the home in general, the condition of these individuals should be such that there exists a normal inability to leave home and, consequently, leaving home would require considerable taxing effort. 2) The service must be prescribed by the attending physician as part of a written plan of care. 3) Receiving services under a plan of care established and periodically reviewed by a physician. 4) Be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology, or have a continuing need for occupational therapy.