

Case Number:	CM14-0115748		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2009
Decision Date:	10/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 35-year-old gentleman was reportedly injured on October 9, 2009. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of low back pain and right hip pain. The physical examination demonstrated the use of a cane for ambulation. There was pain with range of motion of the right hip with radiation to the groin area. There was also weakness of the iliopsoas muscle. Diagnostic imaging studies of the right hip on March 5, 2014 were normal. Previous treatment includes a right hip arthroscopy. A request had been made for a home health evaluation and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services P.

Decision rationale: According to the progress note dated June 3, 2014, it appears this request for a home help evaluation is concurrent with the request for a right hip arthroplasty. As this surgery has not been scheduled or approved, this request for a home help evaluation is not medically necessary.