

Case Number:	CM14-0128979		
Date Assigned:	08/18/2014	Date of Injury:	11/16/2012
Decision Date:	09/26/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/13/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 71-year-old female with a reported injury on 11/16/2012. The mechanism of injury was not provided. The diagnoses were not provided. The injured worker has had previous treatments of physical therapy. The injured worker did have a left hip replacement, but the date of that surgery was not provided. The injured worker had an emergency room visit on 05/12/2014 due to a fall. She was ambulating with her walker and she fell onto carpet. She complained of right hip pain. There was an x-ray performed of the left hip that showed no evidence of fracture to the pelvis or the femur. The injured worker did have an evaluation on 06/05/2014 with a primary care physician regarding post status left hip replacement. It was reported that she was making slow progression and has had multiple falls. There not a list of medications that was provided. The recommended plan of treatment in a note on 06/05/2014 was to continue with aggressive therapy to help with strengthening and improvement of function. Also recommended that she have a neurology consult. It was also suggested that she get placed in a skilled nursing facility to assist her and to help her decrease her falls. It was mentioned to have a home health aide to have supervision and assistance that can decrease her fall risk. The last physical therapy note for review was dated 06/10/2014 where she has already had 11 physical therapy visits. The progress report noted increased range of motion and strength, although the left hip was less than her right hip. There was a lack of evidence of the functional deficits or improvement. The Request for Authorization and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home occupational therapy for left hip 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical medicine to be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is a lack of evidence of pain scale provided. There was a lack of evidence of the flexibility, strength, endurance, function and range of motion on this examination provided. Furthermore, the injured worker has had previous treatments of physical therapy that has not shown substantial outcomes. The guidelines only recommend up to 10 visits and the injured worker has already had over 11 visits of physical therapy and the request is asking for 6 visits. There is a lack of clinical evidence to support the medical necessity of occupational therapy to the left hip without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for home occupational therapy for left hip 2x3 is not medically necessary.

Home physical therapy for left hip 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical medicine to be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is a lack of evidence of pain scale provided. There was a lack of evidence of the flexibility, strength, endurance, function and range of motion on this examination provided. Furthermore, the injured worker has had previous treatments of physical therapy that has not shown substantial outcomes. The guidelines only recommend up to 10 visits and the injured worker has already had over 11 visits of physical therapy and the request is asking for 6 visits. There is a lack of clinical evidence to support the medical necessity of occupational therapy to the left hip without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for home physical therapy for left hip 2x3 is not medically necessary.

Home health aide 8 hours a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Homehealth care Page(s): 51.

Decision rationale: The California MTUS Guidelines recommend home health services for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. There is no evidence that the injured worker is homebound. And the request for home health aide exceeds the amount of 35 hours per week. It was suggested that the injured worker go to a skilled nursing facility for assistance and it is unclear as to the medical necessity of a home health aide for 8 hours. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Home health aide 8 hours a day is not medically necessary.