

<b>Case Number:</b>	CM14-0210818		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 48-year old male with date of injury 8/16/12. The treating physician report dated 11/14/14 (42) indicates that the patient presents with severe pain affecting his right hip. The physical examination findings reveal right hip diffuse hip swelling. Skin is intact, severe stiffness and range of motion markedly limited in all planes. He walks with the severe antalgic gait. His pain is rated at 10/10 and is present all the time when sitting, standing, and driving. Pain radiates into the right testicle. No apparent crepitus is reported. Prior treatment history includes medications, electrical stim therapy, stretching and exercise. X-rays showed joint narrowing, subchondral sclerosis with osteophyte formation and severe complete loss of joint space with pronounced osteophytes and defatation and the femoral head. No MRI is noted. The patient is undergoing right hip replacement. The current diagnoses are: -LOC Osteoarthritis-Pelvic RGN & Thigh-Endstage right hip osteoarthritisThe utilization review report dated 12/3/14 denied the request for 4 Post operatively In Home Health Registered Nurse for evaluation medication intake and vitals, 2 times a week for 2 weeks, as an outpatient based on ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Post operatively In Home Health Registered Nurse for evaluation medication intake and vitals, 2 times a week for 2 weeks, as an outpatient.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The patient presents with severe pain affecting his right hip. The current request is for 4 Post operatively In Home Health Registered Nurse for evaluation medication intake and vitals, 2 times a week for 2 weeks. The treating physician report dated 11/14/14 (33) states; "He requires a right total hip replacement to improve his function and pain and to eventually wean him off narcotics". MTUS guidelines for Home Health Aid state: "Recommended only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week." In this case, the treating physician states that the patient requires total hip replacement, but there is no documentation found in the records provided that there has been authorization for the surgery. In the treating physician report dated 10/27/14 it states, "Patient has been refused hip surgery due to age and patient states he can't have back surgery until his hip is replaced." The current request is not medically necessary as the proposed surgery has not been authorized. Therefore, the request is not medically necessary.