

Case Number:	CM14-0211922		
Date Assigned:	12/24/2014	Date of Injury:	10/21/1998
Decision Date:	02/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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: Texas, California

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:

This is a 71 year old male patient who sustained a work related injury on 10/21/98. Patient sustained the injury due to trip and fall incident The current diagnoses include lumbago, status post left hip arthroplasty with bone graft- 1999, status post revision of left total hip replacement-2000, status post aseptic loosening of the left total hip, revision of the left hip surgery 2001, thoracic and lumbar pain due to multilevel compression fracture, osteoarthritis of the left hip and left knee. Per the doctor's note dated 10/21/14, patient has complaints of pain in the left hip and knee Physical examination revealed painful limited ROM, swelling, tenderness on palpation The current medication lists include Keflex, Oxycontin, Oxycodone, Baclofen, Ambien, Lyrica, and Celebrex The patient has had X-ray of the left knee dated 10/14/14 that revealed degenerative change; X-ray of the left hip dated 10/ 14/ 14; that revealed evidence of previous surgery involving the pelvic area; Plain film radiographs of the left hip revealed a total hip replacement implant in good position and plain film radiographs of the left knee that revealed osteoarthritis changes, joint space narrowing, and osteophyte formation. He had received cortisone injection in left knee He has had a urine drug toxicology report on 8/13/13 that was consistent. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home physical therapy, 3 x 4 for the Left Knee and Left Hip: Upheld

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

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

Decision rationale: Per the CA MTUS guidelines cited below, regarding home health services "...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." Any documented evidence that the patient is totally homebound or bedridden is not specified in the records provided. The patient has received an unspecified number of physical therapy visits for this injury. The records submitted contain no accompanying current physical therapy evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The medical necessity of the request for in home physical therapy, 3 x 4 for the left knee and left hip is not fully established in this patient.