

Case Number:	CM15-0117444		
Date Assigned:	06/25/2015	Date of Injury:	12/09/2014
Decision Date:	07/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 12/9/14. He reported pain in the right hip. The injured worker was diagnosed as having right hip osteoarthritis. Treatment to date has included a right total hip arthroplasty on 6/16/15. Current medications include Vicodin, Lyrica and Meloxicam. As of the PR2 dated 5/14/15, the injured worker reports bilateral hip pain. He rates his pain an 8/10. The treating physician noted that the injured worker's gait is unstable due to pain and stiffness of hips. Objective findings include right hip flexion 100 degrees, internal rotation 10 degrees and external rotation 30 degrees. The right leg is also 5mm shorter than the left. The injured worker has been recommended for a right total hip arthroplasty. The treating physician requested home healthcare 3 x weekly for 3 weeks for the right hip and a nurse visit 3 x weekly for 3 weeks for the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care 3 times a week for the right hip, QTY: 9.00: 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 Page(s): 51 of 127, Home health services.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.

Nurse visitations 3 times a week for the right hip, QTY: 9.00: 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 Page(s): 51 of 127, Home health services.

Decision rationale: Regarding the request for Nurse visitations 3 times a week for the right hip, QTY: 9.00, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home nursing care. In the absence of such documentation, the currently requested home health care is not medically necessary.