

Case Number:	CM14-0172993		
Date Assigned:	10/23/2014	Date of Injury:	09/12/2011
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Alaska and 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 52-year-old female who reported injury on 09/12/2011. The mechanism of injury was noted to be a stressful work condition. Prior studies and therapies included anti-inflammatories, assisted ambulation, physical therapy, intra-articular injections for the hip, and an MR arthrogram of the left wrist, a right carpal tunnel release, and x-rays of the right hip. Other therapies for the left wrist included corticosteroid injections, physical therapy, and nonsteroidal anti-inflammatories. The documentation indicated the injured worker was to undergo hip surgery and would be in the hospital for a total of 3 days. The documentation of 09/09/2014 revealed the injured worker had left hip pain. The physical examination revealed left hip pain all the time, worse with getting in and out of the car, shifting her weight, standing from a seated position, prolonged sitting, prolonged standing, and walking for long periods and lifting her leg. The injured worker had pain in the left groin and pain on the lateral aspect of the leg to the thigh. The injured worker was noted to walk with an antalgic gait and have pain throughout the arc of motion. The injured worker underwent x-rays of the right hip, which revealed joint space narrowing, subchondral sclerosis, and osteophyte formation. The diagnosis was end stage left hip osteoarthritis, and the treatment plan was a left total hip replacement. There was no DWC Form RFA submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 4 in-home Registered Nurse visits for evaluation, medication intake and vital signs monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend home health services for injured workers who are homebound and are who in need of part time of intermittent medical treatment. The clinical documentation submitted for review indicated the injured worker would be in the hospital for 3 days. There was a lack of documentation indicating the injured worker would be homebound. Given the above, the request for Associated Surgical Service for In Home Registered Nurse visits for evaluation, medication intake, and vital signs monitoring is not medically necessary.

Associated surgical service: 6 In-Home Physical Therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: The California Postsurgical Treatment Guidelines indicate that a postsurgical treatment for an arthroplasty is 24 visits. There was a lack of documentation indicating the injured worker would have a necessity for home visits and would be home bound. Given the above, the request for Associated Surgical Services, 6 in Home Physical Therapy Visits, is not medically necessary.