

Case Number:	CM14-0210839		
Date Assigned:	12/23/2014	Date of Injury:	08/16/2012
Decision Date:	10/02/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	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 & Rehabilitation

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 48 year old male sustained an industrial injury to the low back, right hip, legs and right testicle on 8-16-12. Previous treatment included electrical stimulation, physical therapy, home exercise and medications. Lumbar surgery had been recommended; however, the injured worker needed to have his right hip treated first. In an initial orthopedic consultation dated 11-14-14, the injured worker complained of severe, diffuse right hip pain, rated 10 out of 10 on the visual analog scale with radiation to the right testicle. The injured worker reported that sitting and driving caused right leg swelling. The injured worker had been maintained on high dose narcotics and reported being unable to function without them. Physical exam was remarkable for right hip with diffuse swelling, decreased range of motion and pain throughout the arc of motion. The injured worker walked with a severe antalgic gait. X-rays showed subchondral sclerosis, osteophyte formation and severe, complete loss of joint space with pronounced osteophytes and deformation of the femoral head. Current diagnoses included end stage right hip osteoarthritis. The treatment plan included right total hip replacement with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy for the right hip three times a week for two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Hip & Pelvis (Acute & Chronic).

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

Decision rationale: The patient presents with right hip pain. The current request is for Home Physical Therapy for the right hip 3 times a week for 2 weeks. The treating physician's report dated 11/14/2014 (28B) states, "The right hip has diffuse swelling. Skin is intact. Severe stiffness. Range of motion: Flexion 80, internal 20, external 30, abduction 40. Pain throughout the arc of motion. He walks with a severe antalgic gait." The physician does not discuss the current request. Physical therapy reports were not made available for review. The patient is not post-surgical. There were no guidelines that addressed home PT. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. ODG, hip and pelvis section states under home health services, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. Home health skilled nursing is recommended for wound care or IV antibiotic administration. See the Knee Chapter. Early discharge after hip arthroplasty with home support resulted in re-admission rates less than 1% and high patient satisfaction. (Thomas, 2008) After discharge from postacute care for joint replacement, the vast majority of patients received home rehabilitation, outpatient rehabilitation, or both, with no setting effects related to rehospitalization or medical complications. (DeJong, 2009) See also Skilled nursing facility (SNF)." Home PT would qualify as a home health service. In this case, while the patient may very well benefit from a short course of physical therapy to address his current symptoms. There is no medical rationale presented to explain why the patient would require home care. There are no objective factors to indicate that the patient is permanently or temporarily homebound. The current request is not medically necessary.