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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/31/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	07/23/2013
Date of Injury:	5/16/2012
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0011066

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45 year old female with a 05/15/2012 date of injury. A specific mechanism of injury has not been described. On progress note from 07/08/13 indicated the patient was 10 months status post anterior C5-6 and C6-7 fusion with instrumentation and allograft. She was still requiring Percocet for pain control. She continues with decreased range of cervical motion and decreased sensation of the ulnar aspect of the right forearm. The treating provider has requested approval for a posterior cervical C5-6 and C6-7 lateral mass fusion and instrumentation with right posterior iliac crest bone graft with an inpatient hospital stay of 2 days, home health consisting of an initial evaluation and two follow-up visits and skilled nursing services for post-operative status, incision healing, pain management, home safety and equipment needs.

IMR DECISION(S) AND RATIONALE(S)

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

1. The home health consisting of an initial and two (2) follow-up visits is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS 2009, Section 9792.24.2 Chronic Pain Medical Treatment Guidelines, Page 51, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home Health Services, 2009, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The review of the medical documentation does not indicate that the patient will be homebound post-procedure. Per California MTUS home health services are recommended treatment for

patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom, when this is the only care needed. The treating provider has not specified any specific skilled care needs the patient will require. **The request for home health consisting of an initial and two follow-up visits is not medically necessary and appropriate.**

2. The skilled nurse for skilled observation of post operative status, incision healing, pain management, and home safety and equipment needs is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS 2009, Section 9792.24.2 Chronic Pain Medical Treatment Guidelines, Page 51, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guielines, Home Health Services, 2009, which is part of the MTUS and Other Medical Treatment Guideline or Medical Evidence: Medicare Coverage Criteria for Skilled Nursing Care, 2012, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The review of the medical documentation does not indicate that the patient will be homebound post-procedure. Per California MTUS home health services are recommended treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services such as 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. The treating provider has not specified any specific skilled care needs required for the patient and the requested service is not medically necessary. In addition, the patient has no anticipated skilled nursing needs (intravenous medications, tube feedings, or complex wound care) post-procedure that will require the skills of a licensed nurse. **The request for skilled nurse for skilled observation of post operative status, inicision healing, pain management, and home safety and equipment needs is not medically necessary and appropriate.**

/jb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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