
Independent Medical Review Final Determination Letter

516

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0016887	Date of Injury:	09/14/2007
Claims Number:	[REDACTED]	UR Denial Date:	07/30/2013
Priority:	STANDARD	Application Received:	08/26/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
HOME CARE AIDE			

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 Occupational 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 applicant is a represented former [REDACTED] employee who has filed a claim for chronic knee pain, headaches, chronic neck pain, low back pain, hip pain, shoulder pain reportedly associated with industrial injury of September 14, 2007.

Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior lumbar fusion surgery; prior cervical fusion surgery; attorney representation; trigger point injections; topical compounds; and extensive periods of time off of work.

In a Utilization Review Report of July 30, 2013, the claims administrator denied the request for a home health aide. The applicant's attorney later appealed, on August 19, 2013.

On April 10, 2013, progress note is notable for comments that the applicant reports mild neck and low back with associated radicular complaints. The applicant also has issues associated with painful hiatal hernia. Limited lumbar and cervical range of motion are appreciated with 5/5 lower extremity strength is also noted.

Another recent note of April 18, 2013 is also notable for comments that the applicant is following up. The applicant is awaiting surgical approval. The applicant reports persistent low back pains and is apparently ambulating with the aid of a cane. A slow gait is appreciated, again with the aid of a cane. Reduced lumbar range of motion is also appreciated.

An earlier note of March 4, 2013 is notable for comments that the applicant is off of work, on total temporary disability, while considering knee surgery.

An agreed medical evaluation of July 22, 2013 suggests that the applicant is reporting psychological issues. It is stated that covert surveillance video and film suggest the presence of symptom magnification. An August 20, 2013 progress note does not make any mention of the need for home health services.

IMR DECISION(S) AND RATIONALE(S)

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

1. Home care aide is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home Health services. Page 51, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are not recommended for provision of non-medical services such as activities of daily living, cooking, cleaning, etc. Home Health services are endorsed to provide medically necessary services such as IV fluids, IV antibiotics, wound care, etc., for those applicants who are home bound, non-ambulatory, otherwise unable to travel to obtain outpatient services.

In this case, however, no clear rationale for the home health aide has been set forth by the attending provider. It is unclear whether services in question are being sought. It appears, based on the documentation provided, that the home health services are being requested to aid the applicant in performance of activities of daily living following proposed knee and spine surgery. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, however, this is not a covered service. **The request for home care aide is not medically necessary and appropriate.**

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.

[REDACTED]

CM13-0016887