

Independent Medical Review Final Determination Letter

816

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

Dated: 12/27/2013

IMR Case Number:	CM13-0017802	Date of Injury:	08/23/2005
Claims Number:	[REDACTED]	UR Denial Date:	08/21/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
HEAVY HOUSEKEEPING TWICE MONTHLY/NOT MEDICALLY CERTIFIED BY PA			

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]
[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, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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:

This is a 44 year old male patient with date of injury 8/23/05. The mechanism of injury is not stated in the available medical records. Per the available provider notes, the patient has complained of low back pain and right foot pain. Surgery was performed on the lumbar spine (partial discectomy) in 04/2006. Other treatments utilized thus far have included medications and acupuncture. Objective: decreased motor strength of the right lower extremity, decreased deep tendon reflexes bilaterally (not specified), and noted inability to assess sensation of the right lower extremity. Diagnoses: complex regional pain syndrome, lumbago. Treatment plan and request: heavy housekeeping twice monthly.

IMR DECISION(S) AND RATIONALE(S)

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

1. Heavy housekeeping twice monthly is not medically necessary and appropriate.

The Claims Administrator based its decision on the 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, page 51, which is part of the MTUS.

The Physician Reviewer's decision rationale:

This claimant has reported chronic low back pain and right foot pain. Treatment has included lumbar spine surgery, acupuncture and medications. The available medical records show infrequent visits with the treating physician. No treating physician reports adequately discuss specific physical and functional impairments. The MTUS guidelines do not make recommendations for non medical treatments such as housekeeping services. There are no other medical treatment guidelines or medical evidence recommending non-medical treatments. As such housekeeping services cannot be indicated as medically necessary. **The request for heavy housekeeping twice monthly 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]

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