

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

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

Dated: 12/30/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 06/27/2013
Date of Injury: 6/18/2009
IMR Application Received: 7/8/2013
MAXIMUS Case Number: CM13-0001040

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of June 18, 2009. A utilization review determination dated June 27, 2013 recommends non-certification for continued 24 hour care. A progress report dated November 20, 2013 identifies subjective complaints stating, "The patient returns to the office for medication management. There has been no significant change. She continues to receive continuous home care assistance from her son. She remains under the care of a psychologist for treatment of major depression." Objective examination findings identify, "physical examination remains unchanged. She is chronically ill with severe dysphoria and wheeler – dependent gait." Diagnoses include major depressive disorder, pain disorder/fibromyalgia, status post C5 – T1 ACDF, multilevel lumbar spondylosis, right knee meniscal injury, right carpal tunnel syndrome, and failure to thrive. Per the medical records, "patient continues to require 24 hour home care assistance. She is unable to care for herself. She is unable to bathe, dress, feed, or toilet without assistance. At the present time, most of her home care assistance needs are performed by her son." A request for authorization dated July 24, 2013 states, "Due to her dependency on her son to ensure her safety and care on a 24 hour basis, it is medically necessary for Ms. Williams and her son to be provided living quarters." The note goes on to state, "due to the severity of [REDACTED] situation, she clearly needs 24 hour home care, transportation, and housekeeping assistance." A request for authorization dated September 10, 2013 states, "[REDACTED] has been provided with 4 hours per day, 3 days per week. This is clearly not adequate. She is uncomfortable with strangers in her home, and there have been some inappropriate behaviors from a homecare worker which I have advised her to address with the agency. [REDACTED] prefers to continue to have home care provided by her son, who has been providing the care for many years."

IMR DECISION(S) AND RATIONALE(S)

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

1. 24 hour care 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, pg. 51, which is part of the MTUS. Official Disability Guidelines, Home Health Services, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) states "recommended only for otherwise recommended medical treatments 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 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." The medical records provided for review does not clearly indicate exactly what medical treatments are required to be performed by the home health aide. The documentation provided recommends homemaker services such as preparing food, housekeeping, bathing and dressing. No recent physician notes indicate any specific medical treatments which would need to be provided by home health services. **The request for 24 hour care is not medically necessary and appropriate.**

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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]

CM13-0001040