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**Notice of Independent Medical Review Determination**

Dated: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]  
6/27/2013

6/18/2009

7/11/2013

CM13-0001193

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued twenty-four (24) hour care (frequency and duration not specified) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 6/27/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued twenty-four (24) hour care (frequency and duration not specified) **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 27, 2013

" The clinical data is for a patient with vocal cord paralysis. There is no data for any current medical pathology based on any physical or neurological examination. The most recent documentation of 5/7/2013 reports the patient receives psychotherapy on an outpatient basis. The documentation reports the patient has depression and anxiety and will be homeless as of 5/28/2013. She reports weakness in her right knee, right arm, and right wrist. The only current data is for the patient's homelessness."

### Documents Reviewed for Determination:

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

- Application for Independent Medical Review (dated 7/11/2013)
- Utilization Review from [REDACTED] (dated 6/27/2013)
- Medical Records from [REDACTED], MD (dated 8/13-12/5/12)
- Medical Records from [REDACTED], MD (dated 8/30/12)
- Medical Records from [REDACTED] (10/28/12-1/17/13)
- Medical Records from [REDACTED] (dated 10/19/12)
- Medical Records from [REDACTED], MD (dated 11/6/12)
- Medical Records from [REDACTED] (dated 11/14/12-4/8/13)
- Medical Records from [REDACTED], DPT (dated 12/19/12)
- Medical Records from [REDACTED], MD (dated 12/20/12-6/12/13)
- Medical Records from [REDACTED] (dated 5/16/13-6/15/13)
- Medical Records from [REDACTED], MD (dated 6/17/13)

- Medical Records from [REDACTED], PsyD (dated 6/11/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009) Part 2. Pain Interventions and Treatments pg 51

**1) Regarding the request for twenty-four (24) hour care (frequency and duration not specified):**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not provide any evidence-based guidelines to support their decision. The provider did not dispute the lack of evidence-based guidelines by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatments Guidelines (May, 2009), Part 2, Pain, Interventions and Treatments, pg 51, which is a part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 6/18/2009. Medical records provided and reviewed indicate a cervical fusion was done on 11/3/2011 with residual issues of difficulty swallowing liquids and difficulty with speech and hoarseness. The medical report of 6/5/13 indicates a family member has been providing homecare for the employee. The request is for twenty-four (24) hour care (frequency and duration not specified).

The Chronic Pain guidelines allow for home health services for medical treatment for homebound persons up to a maximum of 35 hours per week. The request for twenty-four hour care exceeds the guidelines. The request for twenty-four (24) hour care is **not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.