
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 12/16/2003
IMR Application Received: 7/18/2013
MAXIMUS Case Number: CM13-0002045

- 1) MAXIMUS Federal Services, Inc. has determined the request for home health five (5) days per week for four (4) weeks for the right shoulder **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. 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 home health five (5) days per week for four (4) weeks for the right shoulder **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 Orthopedic Surgery 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 July 5, 2013.

It is the opinion of the reviewing physician that, The claimant is a 56-year old employee who slipped and fell on ice in 2003. The claimant underwent a right shoulder RCR on 06/2013. The documentation on 06/27/2013 notes that the claimant is one week post-operative; it does not indicate any functional impairment which would require Home Health care. This request is for Home Health care 5 days per week for 4 week for the right shoulder.

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
- Utilization Review Determination by Claims Administrator
- California Medical Treatment Utilization Schedule (MTUS)
- Medical Records submitted by Claims Administrator and Applicant Attorney

- 1) **Regarding the request for home health five (5) days per week for four (4) weeks for right shoulder:**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which are part of the California Medical Treatment

Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), Home Health Services section, which is part of the MTUS.

Rationale for the Decision:

The employee was initially injured on 12/16/2003 in a slip and fall. A medical report dated 7/16/2013 indicates the employee has upper extremity pain, and pain in the cervical and lumbar areas of the spine that radiates down the right lower extremity to the top of the right foot. The records indicate that the employee was diagnosed with chronic pain syndrome and possible chronic right L5 or S1 radiculopathy. Treatment has included imaging studies, bilateral C3-8 medial branch blocks, and medications (Cymbalta, Lyrica, Lidoderm patches, AcipHex and Norco). The employee has had improved sleep, less cervical pain, and increased ability to perform activities of daily living. A request was submitted for home health five (5) days per week for four (4) weeks for the right shoulder.

The MTUS Chronic Pain Guideline indicates that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, and generally for a maximum of 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 records submitted and reviewed do not document a clinical reason for the requested assistance and do not document how the employee has been performing these tasks up to this time without a home health aide. The medical records do not support the request. The request for home health five (5) days per week for four (4) weeks for right shoulder 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, 18th Floor
Oakland, CA 94612

/sab

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.