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**Notice of Independent Medical Review Determination**

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/9/2013  
Date of Injury: 12/2/1996  
IMR Application Received: 7/24/2013  
MAXIMUS Case Number: CM13-0002925

- 1) MAXIMUS Federal Services, Inc. has determined the request for home care 24 hours a day, 7 days a week, for 12 weeks **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 care 24 hours a day, 7 days a week, for 12 weeks **is 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 July 9, 2013:

“The claimant sustained a remote industrial injury on 12/02/96 while working as a steel worker. He stepped out of his truck and onto a small rock and twisted his ankle. The claimant has been under the care of the AP for gait disturbance, status post lower extremity amputation and morbid obesity. The most recent evaluation provided for review is dated 06/18/13. The claimant underwent amputation at the right mid foot. He apparently underwent a vascular procedure as well due to vascular insufficiency in the right lower extremity. He is on minimal weight bearing of the right lower extremity. The claimant stated that he no longer needs the hospital bed as his bed mobility and proficiency with transfers has improved such that he no longer requires the trapeze. It is noted the claimant has had some behavioral outbursts towards his caregivers and was advised that he would need to behave civilly to his caregivers or risk being unable to find anyone willing to care for him. Physical examination of the right foot was deferred due to the claimant’s dressing. His left lower extremity stump is noted to have skin intact. No contractures are noted at the left knee. As the claimant’s weight bearing status has been advanced further, home health care will be reduced as he becomes more independent.”

### **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 (received 7/24/2013)
- Utilization Review Determination from Claims Administrator (dated 7/9/2013)

- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for home care 24 hours a day, 7 days a week, for 12 weeks:**

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), page 51, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 12/2/1996 and is status post below the knee amputation and right foot amputation. The employee has multiple medical and psychiatric issues and is not functioning very well. The employee is intermittently incontinent of bowel movements, has cellulitis with gangrene issues, and is unable to use a walker due to weight bearing status, which is minimal for the right foot. A request was submitted for home care 24 hours a day, 7 days a week, for 12 weeks.

The MTUS Chronic Pain Medical Treatment Guidelines recommend home health services 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 records submitted and reviewed document that the employee requires assistance with all activities of daily living. Further, the employee is unable to put prosthesis on without assistance, requires help at night to use the bathroom, has psychiatric issues, and requires supervision. Consistent with the MTUS Chronic Pain guidelines, home health services are medically indicated while the employee works to improve functional level toward becoming more independent. The request for home care 24 hours a day, 7 days a week, for 12 weeks **is 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  
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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.