

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	1/15/2006
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004667

- 1) MAXIMUS Federal Services, Inc. has determined the request for **home health assistance 3 hours a day 7 days a week is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 assistance 3 hours a day 7 days a week is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medicine 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.

Expert Reviewer Case Summary:

This patient is a 67-year-old female who reported an injury on 01/15/2006. The current request is for home health assistance 3 hours a day 7 days a week. The documentation submitted for review indicates that the patient was initially injured while striking her left knee on a desk while getting out of a chair multiple times. Additionally, the notes indicate that while at work, the patient fell on a rug, landing on her side. Currently, the patient has complaints involving the bilateral knees and right shoulder. The notes indicate that the patient has a history of right shoulder surgery in 2010 as well as knee surgery in 2006 and 2007. Furthermore, the notes indicate that the patient had a history of surgery to the left wrist and elbow. The notes indicate that the patient has significant comorbidities of diabetes and hypothyroidism. A Qualified Medical Evaluation was carried out on 02/03/2013 with findings indicating that based on the fact that the patient has had significant impact of ADLs including her ability to dress, bathe, prepare meals and function in her home environment in terms of limitations and reaching that it would be reasonable for the patient to have home health care consisting of a level of non-nursing, nonprofessional for the purposes of assisting in meal preparation, light housework and bathing. The notes indicate that the patient has multiple issues with the knees, lumbar spine, right shoulder and wrist and that the patient would benefit from home health.

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 of Independent Medical Review
- Utilization Review Determination from [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for home health assistance 3 hours a day 7 days a week:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Home health services, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home health services, pg. 51, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain Guidelines indicate that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis, generally for up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning or laundry and personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care needed. The documentation submitted for review indicates the employee to have multiple injury sites to include the bilateral knees, shoulder and low back with difficulty with overhead reaching. A recommendation was made for home health assistance in the form of non-nursing, nonprofessional care to assist with light housekeeping, meal preparation, bathing assistance and hygiene as well as dressing. However, there was no clear indication in the notes that the employee has a need of professional nursing services for the purposes of home health. The documentation details that the employee's requested home health is for the purposes of light housekeeping, meal preparation and assistance with hygiene, bathing and dressing. **The request for home health assistance 3 hours a day 7 days a week 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,

Paul Manchester, MD, MPH,
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.