

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/4/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	5/20/2008
IMR Application Received:	8/7/2013
MAXIMUS Case Number:	CM13-0007628

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post operative home health services, unspecified is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/7/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 **post operative home health services, unspecified 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.

Expert Reviewer Case Summary:

The patient is a 51-year-old female who reported an injury on 05/20/2008. The mechanism of injury involved heavy lifting. The patient was seen by Dr. [REDACTED] on 01/16/2013. The patient presented with complaints of pain to bilateral shoulders, left greater than right, with difficulty performing everyday tasks. Current medications included Vicodin, Flexeril, Xanax, Paxil, and zolpidem. Objective findings included painful cervical range of motion, limited shoulder range of motion, positive Neer's and Hawkins testing, 5/5 strength, and negative Tinel's and Phalen's bilaterally. A review of medical records indicated on 09/16/2009, the patient's request for left hand surgery was denied. The patient was diagnosed with bilateral carpal tunnel syndrome. It was also noted on 04/11/2012, the patient's EMG/NCV study of the bilateral upper extremities indicated moderate right-sided carpal tunnel syndrome. Studies also indicated mild right-sided cervical radiculopathy. Dr. [REDACTED] recommendations at that time included MRIs of both shoulders and the cervical spine. The patient was again seen by Dr. [REDACTED] on 02/13/2013. The patient continued to complain of neck pain with bilateral shoulder pain and numbness to bilateral hands. Physical examination revealed no significant changes with the exception of a positive Tinel's testing bilaterally. Treatment plan again included MRIs of the right shoulder and cervical spine. An unofficial MRI report of the right shoulder was then submitted on 03/11/2013 by Dr. [REDACTED] which indicated supraspinatus tendinosis with reactive paratendinitis and a mild degree of subacromial bursitis. The patient was again seen by Dr. [REDACTED] on 03/13/2013. Subjective complaints remained the same. The patient's physical examination revealed no significant changes. Treatment plan included request for authorization of right shoulder arthroscopic subacromial decompression with possible distal clavicle resection and biceps tendinosis. A Utilization Review Report was then submitted on 03/29/2013 by Dr. [REDACTED]. The request for an outpatient right shoulder arthroscopic subacromial decompression, possible tendinosis, postoperative physical therapy 3 times a week for 4 weeks, and preoperative internal medicine medical clearance was

non-certified. Previous treatments for this patient included 1 injection, physical therapy, and medication management. It was determined at that time, based on records provided; the patient did not meet criteria outlined by MTUS Guidelines for surgical intervention at that time. Given the fact that surgical intervention was non-certified at that time, postoperative physical therapy and preoperative internal medicine medical clearance were also not medically necessary. The patient again followed up with Dr. [REDACTED] on 04/24/2013, 05/22/2013, 06/19/2013, and 07/17/2013. The patient continued to complain of bilateral upper extremity pain as well as neck pain. An appeal request was submitted regarding the denial for surgical intervention. The patient was provided a lateral epicondylar injection on 05/22/2013. Physical examination revealed no significant changes. It was noted on the latest office visit of 07/17/2013, the patient received authorization for a right shoulder arthroscopic subacromial decompression and was awaiting medical clearance at that time. The patient was then seen by Dr. [REDACTED] on 08/20/2013. The patient presented for preoperative evaluation. It was noted that the patient has a current medical history significant for hypertension and COPD. Physical examination at that time included cervical stiffness, normal strength, normal deep tendon reflexes, and intact sensation. Treatment plan included right shoulder arthroscopic subacromial decompression and distal clavicle resection. An additional Utilization Review Report was then submitted by Dr. [REDACTED] on 08/05/2013. Services requested included outpatient postoperative home health services for 7 days and transportation to and from hospital on the date of surgery for the right shoulder. The request was modified to include postoperative home health services 4 hours per day for 7 days, and transportation to and from the hospital on the date of surgery.

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:

[REDACTED]

1) Regarding the request for post operative home health services, unspecified:

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, pg. 51, which is part of the California Medical Treatment Utilization Schedule (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 California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state that home health care services are recommended only 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. Per medical records submitted and reviewed, there is no indication that this employee will be homebound without assistance following surgical intervention. The request is for post operative home health services, unspecified. The guideline criteria have not been met. **The request for post operative home health services, unspecified 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:



/ldh

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.