**MAXIMUS FEDERAL SERVICES, INC.**
Independent Medical Review
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MAXIMUS Federal Services

# Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/20/2013

| | |
|---|---|
| Employee: | [redacted] |
| Claim Number: | [redacted] |
| Date of UR Decision: | 7/26/2013 |
| Date of Injury: | 7/28/2000 |
| IMR Application Received: | 8/8/2013 |
| MAXIMUS Case Number: | CM13-0009214 |

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]
dso

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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 disputed items/services.

## DOCUMENTS REVIEWED

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

- [redacted]
- [redacted]
- [redacted]
- [redacted]

## CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 59 year old male who reported an injury on 7/28/2000. Per the clinical nurse case manager notes, the patient underwent evaluation on 7/16/2013 by Dr.[redacted] It was noted the patient was treated for persistent left elbow pain with higher doses of hydrocodone and acetaminophen.

## IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

**1. The request for 18 sessions of home health services is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 51, which is a part of the MTUS, as well as the Official Disability Guidelines (ODG), which are not a part of the MTUS.

The Physician Reviewer's decision rationale: The guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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 ODG indicates that home health services are recommended only for otherwise recommended medical treatments for patients who are home bound, on a part time, or intermittent basis. The medical records submitted for review failed to provide any clinical data for review. There is no clear indication or rationale provided as to the necessity for 18 sessions

of home health care services. Furthermore, there is a lack of documentation indicating specifically what type of home health services are to be provided for the employee.

**2. A prescription for Vicodin ES #90 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 78 and 91, which are a part of the MTUS.

The Physician Reviewer's decision rationale: CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The guidelines also state a recommendation for the 4 A's for ongoing monitoring. These four domains for monitoring have been summarized and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of clinical notes submitted for review indicating if the employee achieves effective analgesia with the use of Vicodin ES or to indicate that the employee is able to increase the ability to undertake activities of daily living with the medication, or to indicate that adverse side effects for aberrant drug taking behaviors have been addressed upon evaluation. **The request for Vicodin ES is not medically necessary and appropriate.**

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.

[redacted]

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