

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0009679	Date of Injury:	06/30/2009
Claims Number:	[REDACTED]	UR Denial Date:	07/22/2013
Priority:	STANDARD	Application Received:	08/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
CONTINUE HOME HEALTH CARE 4 HOURS/DAY X 5 DAYS/WEEK X 8 WEEKS TO ASSIST W/CLEANING, COOKING, GROOMING, BATHING AND TRANSPORTATION			

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]

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The IMR applications shows the patient was injured on 6/30/2009 and the attorney is disputing the 7/19/13 UR decision. The UR denial had asked for additional information on 7/9/13, but it was not received so the request was denied. According to the UR denial letter, this is a 34 year old female that injured her neck and right arm at work on 6/30/09 and subsequently developed CRPS. The physician has requested continuing home health care 4 hours/day, 5 days a week for 8 weeks to help with cleaning, laundry, cooking, chores and grocery shopping.

IMR DECISION(S) AND RATIONALE(S)

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

1. The continued home health care is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home Health Services, page 51, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The medical reporting from the requesting physician are not available for this review. The request for home health care, 4 hours/day, 5 days per week for 8 weeks for help with cleaning, laundry, cooking, chores and grocery shopping, is not in accordance with MTUS guidelines. The MTUS states medical treatment does not include homemaker services when it is the only care needed, and MTUS also states the patient must be homebound on a part time or intermittent basis. There is no indication in the medical records provided for review that the employee is

homebound. **The request for home health care services is not medically necessary and appropriate.**

/dso

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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