

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



**Notice of Independent Medical Review Determination.
Case Number CM13-0000188**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested urgent home care (eight hours daily for six weeks) **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 04/15/2013 disputing the Utilization Review Denial dated 03/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 04/16/2013. 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 home health care (eight hours daily for six weeks) requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional 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, has a subspecialty in Pain Medicine and is licensed to practice in Maryland. 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 professional 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 March 29, 2013

"As per medical records dated 3/28/2013, patient was status post left hip surgery and unable to walk for several weeks. There was no detailed assessment of the left hip on the clinical data provided. The patient was diagnosed with status post left hip surgery; closed fracture of base of neck of femur."

An additional case summary report dated April 15, 2013 added:

"Injured worker underwent open reduction and internal fixation with three 7.3 partially threaded Synthes cannulated screws, anterior capsulotomy. Per report on 03/14/13, physical exam showed: incision was well-healed, range of motion was restricted."

A notification of non-certification dated April 15, 2013 added:

"According to medical records on 03/14/13 by [doctor], the patient had a post-operative follow up. The patient complained of intermittent pain. Physical exam showed that the range of motion was restricted and strength was 4/5. The incision was well-healed. As per ICD-9, the patient was diagnosed with closed fracture of base of neck of femur."

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 IMR
- Request for Expedited Appeal by [REDACTED] (dated 4/9/13)
- Letter from Employee (dated 3/28/13)
- Notification of Appeal (dated 4/17/13)
- Notification of Non-Certification (dated 4/15/13)
- Notification of Non-Certification (dated 3/29/13)
- Case Summary Report (dated 3/29/13)
- Case Summary Report from [REDACTED] (dated 4/15/13)
- Case Summary Report from [REDACTED] (dated 4/15/13)
- Employee's Medical Records from [REDACTED] (dated 3/2/13 through 3/5/13)

Regarding the Request for home health care (eight hours daily for six weeks):

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision: The Claims Administrator based its decision on the Official Disability Guidelines (ODG) 2009, Hip and Pelvis section, Home health services and the Chronic Pain Medical Treatment Guidelines (2009) Home health services section, page 51. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, does not specifically address Home Care needs for patients soon after hip surgery. The request for home services for 8 hours per day for six weeks exceeds what is reasonable and medically necessary for this patient. The ODG, 2009, Home Health Services and Chronic Pain Medical Treatment guidelines, 2009, Home Health Services, page 51 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. Home health skilled nursing is recommended for wound care or IV antibiotic administration." The employee's status is post left hip surgery. According to the submitted and reviewed medical records on 03/14/2013, the patient had a post-operative follow up. The patient complained of intermittent pain. Physical exam showed that the range of motion was restricted and strength was 4/5. The incision was well healed. There was no notation that the patient was home-bound. The requested service of home care (eight hours daily for six weeks) **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;

Richard C. Weiss, MD, MPH, MMM, PMP
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.