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**Notice of Independent Medical Review Determination**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for home health care, 24 hours daily times 7 days weekly, **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/3/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/5/2013. 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 Care, 24 hours daily times 7 days weekly, **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 Physical Medicine & 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

“This female injured worker has a history of injury from an unknown mechanism dated December 16, 1992. She is diagnosed to have complex regional pain syndrome, bilateral dysfunctional knees with internal derangement, severe knee region arthralgia, paranoid schizophrenia, bipolar disorder and severe depressive psychosis. The provider’s report of June 25, 2013 indicated that the injured worker required homecare for issues such as bathing, toileting, dressing, ambulating and transportation. A handwritten follow up report, PR-2 report, is poorly legible and does not provide significant additional information except that she is receiving medication MS-contin for pain relief.”

## 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 Independent Medical Review (dated 7/3/2013)
- Utilization Review Decision from [REDACTED] (dated 7/1/2013)
- Employee Medical Records from [REDACTED], MD (dated 2/24/1999-5/26/2004)
- Employee Medical Records from [REDACTED] (dated 5/21/2004)
- Employee Medical Records from [REDACTED], MD (dated 4/14/2011-6/13/2013)
- Employee Medical Records from [REDACTED], D.O. (dated 3/7/2012-6/25/2013)
- Chronic Pain Medical Treatment Guidelines (May 2009), Part 2, Pain Interventions and Treatments, pg 51

### 1) Regarding the request for Home Health Care, 24 hours daily times 7 days weekly:

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Part 2, Pain Interventions and Treatments, pg 51 which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee sustained a work-related injury on 12/16/1992. The medical records provided and reviewed indicate the employee is diagnosed with complex regional pain syndrome, severe knee region arthralgia, bipolar disorder, paranoid schizophrenia, and severe depressive psychosis. This is a request for home health care, 24 hours daily times 7 days weekly.

Chronic Pain Medical Treatment Guidelines (May 2009) state home health services are recommended for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. The request for 24/7 care is not within the guidelines. The requested home health care, 24 hours daily times 7 days weekly, **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  
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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.



