

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/7/2013
Date of Injury: 3/7/2011
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0010119

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 Family Practice 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]
- [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 patient is a 54-year-old male who has a history of back pain. The patient has a history of 2-level lumbar disc replacement surgery in 2009. The notes report 1 year after surgery, he had increased migration of the disc with markedly increased back pain. On 01/23/2013, the patient underwent a fusion at the L4-5 and L5-S1 levels. Postoperatively, the patient was noted to be substantially deconditioned with significant right leg weakness. The patient has been receiving home care. The patient was noted to be receiving speech therapy, cognitive therapy, and physical therapy. Notes indicate the patient was hospitalized in 04/2013 for cerebral aneurysm with bleeding and underwent surgery. The patient was noted to use a cane with slow, guarded gait. The patient was noted to have 15 degrees of lumbar flexion, 5 degrees of extension, slightly decreased sensation in the right L5 distribution, and 4/5 right EHL weakness. Notes indicate that the patient requires home health care due to marked impairment with activities of daily living.

IMR DECISION(S) AND RATIONALE(S)

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

1. Home care 12 hours per day, 7 days per week for 6 weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS. Official Disability Guidelines (ODG), which is not part of the MTUS.

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

The Physician Reviewer's decision rationale: California MTUS Guidelines recommend home health services for patients who are homebound up to 35 hours a week. The current request is for 84 hours a week. Furthermore, the medical records provided for review fails to reveal objective findings to substantiate the employee's subjective reports that he cannot perform ADL's. The employee does not have any significant weakness on physical examination. In addition, guidelines state that home health care is not for homemaker services such as shopping, cleaning, laundry, and/or personal care such as bathing, dressing, and using the bathroom. The documentation fails to indicate that the requested services are for any care other than homemaker service. **The request for Home care 12 hours per day, 7 days per week for 6 weeks is not medically necessary and appropriate.**

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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.

[REDACTED]

CM13-0010119