

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



---

**Notice of Independent Medical Review Determination**

Dated: 12/13/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

8/8/2013

Date of Injury:

1/7/2000

IMR Application Received:

8/14/2013

MAXIMUS Case Number:

CM13-0011440

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **home health aide to provide care in the home, 10 hours a day, 7 days a week is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/23/2013. 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 a **home health aide to provide care in the home, 10 hours a day, 7 days a week 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 Family Practice 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.

### **Expert Reviewer Case Summary:**

The patient is an 82-year-old female who reported a work related injury on 01/07/2000, specifics of mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses: (1) post-traumatic headache; (2) cervical strain; (3) bilateral carpal and cubital tunnel syndromes, right thumb CMC arthrosis, status post right carpal tunnel release, decompression of right ulnar nerve at elbow, arthroplasty right thumb basal joint, and status post left carpal tunnel release, ulnar nerve decompression at the elbow; (4) multilevel thoracolumbar degenerative disease and stenosis, status post decompression L3 and L4 fusion/instrumentation at L3-5, status post removal of hardware at L3-5, decompression at L1-2 through L3-4, fusion L1-2 and L2-3, segmental instrumentation L1-5, status post removal of hardware L1-4, exploration of fusion, decompression at T12-L1 and L1-2, osteotomy at T12-L1 instrumentation at T11-L2; (5) left knee osteoarthritis, status post left knee arthroscopic debridement, status post left total knee arthroplasty, status post revision left total knee arthroplasty; (6) right knee osteoarthritis; (7) left lower extremity deep vein thrombosis; (8) left ankle sprain, resolved; (9) chronic left 5th metatarsal fracture. The clinical note dated 02/06/2013 reports the patient was seen for followup under the care of Dr. [REDACTED]. The provider documents the patient was seen in clinic with a caregiver. The patient reported she received home health assistance with cooking, cleaning, and housekeeping. The provider documents the patient reports her pain to be at an 8/10. The patient relies on a walker to assist with ambulation. The patient's medication regimen includes Ambien, calcium, Cymbalta, doxycycline, enalapril, Evista, fish oil, folic acid, furosemide, Gabapentin, hydrocodone/APAP 10/325, Levothroid, Neurontin, oxybutynin ER, MiraLAX, vitamins, warfarin, and Ambien. The provider documented the patient's motor strength was noted to be 5/5 throughout, with the exception of the right ankle dorsiflexion at 4/5. The clinical note reviewed the patient continue with her current medication regimen. The clinical note dated 07/19/2013 requested authorization for the patient to continue utilization of a full time home health aide. The provider requested the

patient receive home health assistance from 8 in the morning until 6 in the evening, 7 days a week. The provider documented the patient required home health assistance due to followup of 3 left knee surgeries, 1 of which was a total knee replacement, pending right knee surgery for a total knee replacement, followup to 3 lumbar spine surgeries, pending cervical spine surgery, followup fractured metatarsal, and continued weight problem as the patient is noted to be 5 feet 3 inches and 265 pounds. The patient's spouse had died earlier in the year and, therefore, was no longer able to assist the patient. The patient's mobility is restricted to a full time walker and the patient is no longer able to drive.

**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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for home health aide to provide care in the home, 10 hours a day, 7 days a week:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

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

Rationale for the Decision:

The current request previously received an adverse determination due to being excessive in nature as guidelines support no more than 35 hours of home health assistance. In addition, California MTUS Guidelines indicate, "Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal caregiving by home health aides like bathing, dressing, and utilizing a bathroom when this is the only care needed." The medical records provided for review documented the employee was ambulatory with the assistance of a walker; however, the employee did report multiple falls throughout the years. The provider is recommending the employee utilize a home health aide 10 hours a day 7 days a week. This is excessive in nature, when the medical records provided for review documented the employee reported receiving home health assistance for cleaning, cooking, and assistance with activities of daily living. **The request for a home health aide to provide care in the home, 10 hours a day, 7 days a week 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/jr

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.