

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/21/2013
Date of Injury:	1/24/2011
IMR Application Received:	8/28/2013
MAXIMUS Case Number:	CM13-0018055

- 1) MAXIMUS Federal Services, Inc. has determined the request for **home health care for 10 days, 2 weeks, for 24 hour care is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/25/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 for 10 days, 2 weeks, for 24 hour care at home 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 Internal Medicine & Pulmonary Disease 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 a 62-year-old female who reported an injury on 01/24/2001. The mechanism of injury was not provided at the time of review. The patient had continued neck, shoulder, knee, and hand pain. The patient is considered immobile due to chronic pain and lower extremity condition exacerbated by diabetes. It was noted that the patient received home care for 6 hours per day. The patient's diagnoses included a shoulder sprain/strain, osteoarthritis, internal derangement of the knee, and peripheral encephalopathy. The patient's treatment plan included knee surgery and home health care.

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:

- [REDACTED]

1) Regarding the request for home health care for 10 days, 2 weeks, for 24 hour care :

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

The Claims Administrator based its decision on the ACOEM <https://www.acoempracguides.org/Knee>, Table 2, Summary of Recommendations, Knee Disorders, which is not part of the MTUS.

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

Rationale for the Decision:

The documentation submitted for review does provide evidence that the employee is considered home bound. However, home health care services in excess of 35 hours per week are not supported by the MTUS Chronic Pain recommendations. Therefore, 24 hour home health care would not be supported. The clinical documentation does not include evidence of the employee's lack of ability to participate in activities of daily living around the home. Additionally, a need for 24 hour observation is not clearly indicated. **The requeste for home health care for 10 days, 2 weeks, for 24 hour care at home 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, 18th Floor
Oakland, CA 94612

/MCC

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.