

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/18/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/6/2013
Date of Injury: 5/25/2005
IMR Application Received: 9/3/2013
MAXIMUS Case Number: CM13-0018652

- 1) MAXIMUS Federal Services, Inc. has determined the request for **outpatient home health aide services for 24 hours per day seven days per week for an indefinite period performed by employee's daughter and daughter-in-law for ADL, shopping, housekeeping, laundry and transportation** is not medically necessary and appropriate.

- 2) MAXIMUS Federal Services, Inc. has determined the request for **purchase of Flexmid 7.5 mg #60** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 9/3/2013 disputing the Utilization Review Denial dated 8/6/2013. 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:

- 3) MAXIMUS Federal Services, Inc. has determined the request for **outpatient home health aide services for 24 hours per day seven days per week for an indefinite period performed by employee's daughter and daughter-in-law for ADL, shopping, housekeeping, laundry and transportation is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **purchase of Flexmid 7.5 mg #60 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 a 57-year-old female who is reported to have been injured in 05/2005. She is noted to have undergone multiple surgeries including a right knee arthroscopic surgery on 10/19/2006 and an incisional hernia repair on 04/12/2010. The patient is noted to continue to complain of recurrent infections. On 02/11/2013, the patient underwent a recurrent ventral hernia repair and abdominoplasty. Dr. [REDACTED] noted on her last visit on 03/26/2013 the patient had continued to have some pain and discharge at the incision area and underwent a debridement with a dressing change. A clinical note dated 08/13/2013 reported the patient continued to complain of abdominal pain, still having some discomfort, and could not move easily. She also is reported to use a cane and change positions with difficulty. She is reported to complain of pain in her knees. She is noted to walk and do swimming. Her recurrent ventral hernia wound was completely healed with no evidence of recurrence of infection. A clinical note dated 09/11/2013 signed by Dr. [REDACTED] reported the patient had been re-evaluated on 05/07/2013 due to a history of increased right shoulder pain. The patient is reported to note that the spasms had recently decreased and her symptoms had returned to prior levels. She noted medications helped decrease her spasms and increase her functional activities of daily living and lifting activities. She noted improvement of the right shoulder with increased pain on the lifting, pushing, pulling, and getting out of a chair. She was noted to take Vicodin 5/500 mg 1 to 2 times daily, Axid 150 mg 2 times daily for heartburn and gastritis, and Fexmid 7.5 mg.

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 the Claims Administrator

1) Regarding the request for outpatient home health aide services for 24 hours per day seven days per week for an indefinite period performed by employee's daughter and daughter-in-law for ADL, shopping, housekeeping, laundry and transportation :

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 Official Disability Guidelines, (ODG), Home health services, which is not part of MTUS.

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

Rationale for the Decision:

The medical records submitted for review note that the employee has multiple areas of complaints including the shoulder, bilateral knees, abdomen, right knee, and left ankle. The medical records document that the employee has undergone a left knee surgery on 10/2005 and 2 ventral hernia repairs, the most recent performed on 02/11/2013. It is noted that there is some drainage from the wound and the employee underwent a debridement of the open area of the incision on 03/26/2013. On 06/19/2013 it is documented that there was an increased pain of the right shoulder and at that time, the employee was instructed to continue with home exercise program. A request was submitted for continued home care 24 hours a day, 7 days a week. The California MTUS Guidelines recommend home health services for homebound patients to be performed on an intermittent basis for medical treatments for up to 35 hours per week and state that home medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care. As such, the request for 24 hour a day, 7 day a week home health aides for ADL, shopping, housekeeping, laundry, and transportation does not meet Guideline recommendations. **The request for outpatient home health aide services for 24 hours per day seven days per week for an indefinite period performed by employee's daughter and daughter-in-law for ADL, shopping, housekeeping, laundry and transportation is not medically necessary and appropriate.**

2) Regarding the request for a purchase of Fexmid 7.5mg #60:

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 CA MTUS, Muscle relaxants (for pain), which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), page 63, which is part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines state non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain for no more than 2-3 weeks. The medical records submitted for review indicate that the employee was noted to have been prescribed Fexmid 06/19/2013 and to continue to use the medication on a routine, ongoing basis which does not meet Guideline recommendation. **The request for Fexmid 7.5mg #60 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

/jd

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.