MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 12/12/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	8/6/2013
Date of Injury:	4/13/2009
IMR Application Received:	9/3/2013
MAXIMUS Case Number:	CM13-0019729

1) MAXIMUS Federal Services, Inc. has determined the request for **home healthcare assistance is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **ultram (Tramadol 50mg) 1 PO Q6H PRN pain #120 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:

1) MAXIMUS Federal Services, Inc. has determined the request for **home healthcare assistance is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **ultram (Tramadol 50mg) 1 PO Q6H PRN pain #120 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 has a history of lupus who sustained a work injury on 4/13/09 to 4/13/10 which resulted in chronic shoulder pain, degenerative joint disease of the left acromioclavicular joint and rotator cuff tear. The patient had repair of her rotator cuff and decompression of her left clavicle on June 12, 2013. The patient subsequently receives physical therapy. The patient had been using Tramadol prior to surgery since at least July 2, 2012 (noted in an exam note), which was consistently proven on a urine drug screen in May 2013. After surgery she did try Norco, which provided little pain relief. A post operative follow up in July 2013 showed that the patient was able to dress herself but had noted some stiffness and pain but was willing to continue rehabilitation. She has been performing routine activities including: bathing, cooking and household chores. The patient's therapy notes in July showed continued improvement in range of motion and decrease pain.

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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for home healthcare assistance:**

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 Chronic Pain Medical Treatment Guidelines, page 51, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 51, which is part of the MTUS.

Rationale for the Decision:
According to the Chronic Pain Medical Treatment Guidelines, home health services are recommended only for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case the employee did not meet the above guidelines and home health had no medical indication to perform services. **The request for home healthcare assistance is not medically necessary or appropriate.**

2) **Regarding the request for ultram (Tramadol 50mg) 1 PO Q6H PRN pain #120:**

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 Chronic Pain Medical Treatment Guidelines, pages 76 – 80, which is part of the MTUS.

The Expert Reviewer based his/her decision on the on the Chronic Pain Medical Treatment Guidelines, pages 77 – 82, which is part of the MTUS.

Rationale for the Decision:
Tramadol is an opioid that has been used for over a year for the this employee. According to the guidelines, ongoing management with opioids should be to aid pain and functioning. When opioids are used beyond 3 months, a multi-disciplinary pain clinic maybe needed along with a psychiatry consult. In this case, the employee also had lupus for which the pain can extend from this chronic disease vs. work related injury. Furthermore, opioids are not 1st line of therapy and consideration for acetaminophen should be given. The above indications and criteria are not met. **The request for ultram (Tramadol 50mg) 1 PO Q6H PRN pain #120 is not medically necessary or 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

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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.