
Notice of Independent Medical Review Determination

Dated: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	9/23/2008
IMR Application Received:	7/11/2013
MAXIMUS Case Number:	CM13-0001214

- 1) MAXIMUS Federal Services, Inc. has determined the request for home health aide for housekeeping, 3 hours per day, 2 days per week, 52 weeks per year **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. 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 aide for housekeeping, 3 hours per day, 2 days per week, 52 weeks per year **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 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013

"As per the referral this 58 year old female has a date of injury of 9/23/08. Office visit dated 5/20/13 notes the patient with complaints of pain in the left knee. Her brace is fitting well and the patient is doing better with a motorized lift for the motor vehicle and a battery operated scooter. Exam shows well healed surgical incisions, significant instability, ROM from 0-140 degrees with pain, tenderness in the left knee and edema of the left ankle. X-rays of the left great toe/foot reveals healing dorsally of the angulated great toe PP fracture of the metaphyseal base. The plan is for continued orthotics, PT and gait training. TENS units, and medications."

Her medication regimen consist of Morphine sulfate CR 30 mg tid, morphine IR 15 mg 1-2 per day and gabapentum 900 mg daily as well and other meds,

The exam does not show evidence of her personal needs at home and the severity of her disability in doing her chores. She has been basically electrically supported and her abilities today 2013 seem better than in 2008 to 2012."

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 for Independent Medical Review (received 7/11/13)
- Utilization Review Determination (dated 7/1/13)
- Employee medical records from [REDACTED] MD (dated 7/23/12)
- Employee medical records from [REDACTED] MD (dated 5/17/12-6/25/13)
- Employee medical records from [REDACTED] (dated 3/27/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg 51

1) Regarding the request for home health aide for housekeeping, 3 hours per day, 2 days per week, 52 weeks per year :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg. 51, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 9/23/08. Medical records provided and reviewed indicate treatment has included bracing of the left knee, medications, and physical therapy. The medical report of 5/20/13 indicates the employee currently uses a motorized scooter. The request is for a home health aide for housekeeping, 3 hours per day, 2 days per week, for 52 weeks per year.

The Chronic Pain guidelines allow for home health services for a homebound person on an intermittent basis up to a maximum of 35 hours per week, but those services are not to include homemaker services. The medical records reviewed do not indicate the employee is homebound, and the specific request is for housekeeping services, which are not considered medical treatment. The request for a home health aide for housekeeping, 3 hours per day, 2 days per week, for 52 weeks per year **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

/dl

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.