

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for a home health aide 7 hours a day, 5 days a week, for 3 months **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a knee brace **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 7 hours a day, 5 days a week, for 3 months **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a knee brace **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 Occupational 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 8, 2013.

“The patient is a 57 year old male with a date of injury of 03/09/2011. The provider has submitted a prospective request for one right total knee arthroplasty, 18 post op physical therapy visits, 14 days of Lovenox injections, one walker, bracing, 3 months home health aide for 7 hrs per day and 5 days per week, and one pre-op medical clearance.

“According to medical reports, the patient has been experiencing bilateral knee pain. The patient reported difficulty performing activities of daily living as a result of the pain. Physical exam findings demonstrated in the medical report dated 05/20/2013 included the patient’s use of a single point cane for ambulation, positive McMurray’s with internal and external rotation, positive patella femoral grind test on the right, right knee range of motion 0 to 110 degrees, mid left knee range of motion of 5 to 70 degrees. Right knee x-rays were performed on 10/04/2012 and they demonstrated the presence of moderate to severe osteoarthritis. Diagnoses included right knee osteoarthritis/degenerative joint disease, status post left knee replacement, and status post left knee frozen. Treatments have consisted of medications, physical therapy, Synvisc injections.”

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
- Utilization Review Determination by [REDACTED] (dated 7/8/13)
- Employee's Medical Records by [REDACTED], M.D. (dated 2/11/13, 4/8/13, and 7/9/13)
- Chronic Pain Medical Treatment Guidelines (2009) (page 51)
- Official Disability Guidelines – Knee Chapter, Home Health Services Section
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 13: Knee Complaints, page 340

1) Regarding the request for a home health aide 7 hours a day, 5 days a week, for 3 months:**Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:**

The Claims Administrator did not cite a medical treatment guideline. The provider also did not cite a medical treatment guideline. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (2009), which is part of the California Medical Treatment Utilization Schedule (MTUS), relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/9/2011 and experienced bilateral knee pain and arthritis in the left knee. The employee's medical records received and reviewed show treatment to date has included the following: analgesic medications; a cane; long and short-acting opioids; bilateral total knee arthroplasty; and extensive periods of time off work. The most recent progress report dated 5/20/2013 indicates the employee continues to experience knee pain and is on total temporary disability.

The Chronic Pain Medical Treatment Guidelines indicate home health services are recommended only for patients who are homebound, on a part-time or intermittent basis, and 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.

The guideline only supports home health services that revolve around medical treatment such as intravenous (IV) fluid infusion, wound care, dressing changes, etc. The home health services requested by the provider involve activities of daily living such as cooking, cleaning, vacuuming, etc. These types of services are specifically prohibited by the guideline. The request for a home health aide 7 hours a day, 5 days a week, for 3 months is not medically necessary and appropriate.

2) Regarding the request for a knee brace:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004) – Chapter 13: Knee Complaints, page 340, which is part of the 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 was injured on 3/9/2011 and experienced bilateral knee pain and arthritis in the left knee. The employee's medical records received and reviewed show treatment to date has included the following: analgesic medications; a cane; long and short-acting opioids; bilateral total knee arthroplasty; and extensive periods of time off work. The most recent progress report dated 5/20/2013 indicates the employee continues to experience knee pain and is on total temporary disability.

ACOEM Chapter 13 indicates knee braces are generally necessary only if a patient is going to be stressing knee(s) while carrying heavy loads and/or climbing ladders. In this case, the employee is off of work and on total temporary disability. The records received and reviewed do not show evidence that the employee will be carrying loads, climbing ladders, carrying boxes, etc. The request for a knee brace 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

/dj

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.