

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 11/9/2011
IMR Application Received: 7/29/2013
MAXIMUS Case Number: CM13-0004707

- 1) MAXIMUS Federal Services, Inc. has determined the request for **4 months HELP remote care, reassessment and equipment. is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 **4 months HELP remote care, reassessment and equipment. 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 Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Texas. 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 25-year-old female who reported an injury on 11/09/2011. The note dated 06/28/2013 revealed that the patient had participated in a 6 week interdisciplinary part day treatment program. The request was made that the patient have health interdisciplinary remote care services for 4 months followed by an in-office interdisciplinary reassessment to determine appropriateness of the recommendations. The note dated 07/29/2013 revealed that the patient reported no acute changes to her pain condition. The patient was noted to have chronic neck and upper extremity pain. The patient noted that her function had improved some; but she felt that the physical therapy helped, and she had learned a few new techniques. The patient stated that she finished the HELP program, but felt as though the HELP program did not meet her expectations, and it was not customized to her pain and her needs. She stated that prior to the program, she was able to lift 10 pounds with her right side, and she feels that this may be slightly better now. She noted that she did find the HELP program beneficial in tapering down her medications. The patient reported pain at a 7/10 to 8/10 on the VAS without medications. Objective examination revealed that the patient's range of motion in the right shoulder was decreased by 40% with abduction and decreased by 20% with flexion. Grip strength was noted to be decreased on the right as compared to the left. The patient was noted to have decreased strength with right elbow flexion and extension as well as wrist flexion and extension compared to the left side.

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 4 months HELP remote care, reassessment and equipment.:

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 (2009), pg 49, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009) Chronic Pain Programs, pg. 30-32, which is a part of MTUS and the Official Disability Guidelines (ODG) Knee & Leg Chapter, online version, Durable Medical Equipment (DME), and is not part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines recommend that total treatment duration should not exceed 20 full day sessions or the equivalent in part day sessions. Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. A review of the documents submitted for this case, the employee was noted to have completed a 6 week HELP program in part days. The clinical documentation submitted for review in the form of the office visit dated 07/29/2013 revealed that the employee improved somewhat; however, it was felt that the program did not meet expectations, and it was not customized to the employee's pain and needs. The employee stated that a home exercise program was developed. Given the above, the lack of a customized program to give the employee maximum benefit, the request for 4 months of HELP remote care and reassessment would not be supported. The California MTUS Guidelines do not address the purchase of durable medical equipment. Official Disability Guidelines recommend home exercise programs and home exercise kits. However, the employee is noted have developed her own home exercise program. As such, the request for equipment would not be supported. Given the above, **4 months of HELP remote care, reassessment and equipment 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

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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.