

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	11/17/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006922

- 1) MAXIMUS Federal Services, Inc. has determined the request for an **accomodation for pet is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **mental therapy pet is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/6/2013. 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 **accomodation for pet is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **mental therapy pet 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 Psychologist 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.

### **Expert Reviewer Case Summary:**

The claimant is a 34-year-old female with date of injury of 11/17/08. According to the various medical reports, the claimant sustained various physical injuries involving her back, legs, ankle, and foot and has been experiencing chronic pain since. She has also sustained failed surgeries to alleviate some of her pain. As a result of her physical pain conditions, she is unable to ambulate on her own and requires the use of a walker. It was also noted that she has begun to rely upon a "pet" who has been "trained by professionals to pick up items" for her.

In regards to any psychiatric diagnosis that would warrant a request for a "mental therapy pet", there are no current psychological reports or therapy notes from recent psychiatric treatment providers. Therefore, the claimant's current psychological status is unknown. Although previous psychological reports have indicated that the claimant experienced psychological symptoms involving both anxiety and depression, her current mental health functioning is unable to be determined.

### **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 an accommodation for pet:**

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 Clinical Treatment Guidelines, Catastrophic Injuries, Durable Medical Equipment and Personal Care Aids, which are not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Americans with Disability ACT (ADA), Service Animals.

Rationale for the Decision:

The medical records provided for review did not contain sufficient documentation of the employee's current psychiatric condition and specific medical necessity for a pet or service animal. The specific indications for a service animal per the guidelines was not addressed in the medical records. **The request for an accommodation for pet is not medically necessary and appropriate.**

**2) Regarding the request for mental therapy pet:**

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 Clinical Treatment Guidelines, Catastrophic Injuries, Durable Medical Equipment and Personal Care Aids, which are not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Americans with Disability ACT (ADA), Service Animals

Rationale for the Decision:

The medical records provided for review did not contain sufficient documentation of the employee's current psychiatric condition and specific medical necessity for a pet or service animal. The specific indications for a service animal per the guidelines was not addressed in the medical records. **The request for a mental therapy pet 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, 18<sup>th</sup> 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.