

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	9/7/2008
IMR Application Received:	8/12/2013
MAXIMUS Case Number:	CM13-0009565

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Home health care RN evaluation, medication checks, social work, behavioral health nurse, and safety checks** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/19/2013. 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 care RN evaluation, medication checks, social work, behavioral health nurse, and safety checks** is **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy** 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED], is a [REDACTED] employee, who has filed a claim for chronic left foot and low back pain reportedly associated with an industrial injury of September 7, 2008.

The applicant has also filed derivative claims for psychological stress and memory loss.

Thus far, she has been treated with the following: Analgesic medication; adjuvant medication; multilevel lumbar laminectomy in 2011; ORIF of a left foot fracture; psychotropic medication; topical analgesics; a cane; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work

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 health care RN evaluation, medication checks, social work, behavioral health nurse, and safety checks:

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 Official Disability Guidelines (ODG), Low back procedure summary, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Home health services, pg. 51, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines indicate home health services are recommended to provide medically necessary services. Medical treatment does not, per the chronic pain guidelines, include homemaker services such as shopping, cleaning, bathing, dressing, etc., when this is the only care needed. In this case, however, the employee did seemingly have medical issues that warranted a home health evaluation, medication checks, a social worker visit, behavioral health nursing visit, and safety checks. There were allegations of suicidal intent/suicidality, and some concerns expressed over the employee's combining psychotropic medications and chronic pain medications, including Norco, Cymbalta, Ambien, Topamax, etc., in conjunction with alcohol. The employee had numerous comorbidities, including epilepsy, alcohol abuse, chronic pain syndrome, etc., that would have warranted some initial contact with the home health nurse, medication checks, safety checks, behavioral health nurse, and social worker at or surrounding the time of discharge. All the above would have helped to facilitate discharge from a hospital and back to home. The guideline criteria have been met. **The request for home health care RN evaluation, medication checks, social work, behavioral health nurse, and safety checks is medically necessary and appropriate.**

2) Regarding the request for physical therapy:

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, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 3, which is part of the MTUS.

Rationale for the Decision:

ACOEM guidelines indicate the value of physical therapy increases with a clear description of a lesion causing an applicant's symptoms, clear treatment goals, and clear directives between the attending provider and treating therapist. In this case, however, no clear communication of directives, goals, etc., for physical therapy were provided. No treatment frequency was provided. Providing physical therapy in this context cannot be supported. **The request for physical therapy 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

/ldh

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.