



Arnold Schwarzenegger, Governor
State of California
Business, Transportation and Housing Agency

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Fax

To: Scott Glovsky on behalf of
Guillermo Arce

From: Nancy Wong
HMO Hclp Center

Fax: (866) 294-2501

Date: Monday, April 21, 2008

Re: Andrew Arce

Please find attached the IMR Determination.

A handwritten signature in cursive script that reads "nancy".

This facsimile message is intended only for the use of the individual or entity named above and may contain information which is confidential, non-public or legally privileged. Any dissemination or distribution of this message other than to its intended recipient is strictly prohibited. If you have received this message in error, please notify the Department of Managed Health Care immediately and return the original message and all copies to us at the address above by mail.



Arnold Schwarzenegger, Governor
State of California
Business, Transportation and Housing Agency

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April 21, 2008

Mr. Guillermo Arce
50 West Mountain Street #10
Pasadena, CA 91103

Patient: Andrew Arce
DMHC#: 382491 - IMR03
Health Plan: Kaiser Foundation Health Plan Inc.

**WRITTEN DECISION ADOPTING DETERMINATION OF
INDEPENDENT MEDICAL REVIEW ORGANIZATION**

Type: Medical Necessity
Medical Condition: Autism
Disputed Treatment: Occupational Therapy, Speech Therapy and ABA Therapy
IMRO Determination: Overturned Decision of Health Plan

Thank you for submitting your Application for Independent Medical Review to the HMO Help Center at the Department of Managed Health Care. The Department regulates HMOs and other health plans in California.

Your request for occupational therapy, speech therapy and ABA therapy for your son was referred to the Department's Independent Medical Review organization, where independent medical providers resolve disputes about health care services.

In your son's case, the independent provider determined that the services you requested are medically necessary. This decision overturns the original denial by Kaiser Foundation Health Plan Inc. These services must be authorized within five working days.

If you encounter problems or delays in obtaining this service, please contact me immediately at (916) 255-0904. You may also visit our website at www.hmohelp.ca.gov. Our website has additional information regarding the Department and patients' rights in California.

Marlette Clark
IMR Compliance Manager
HMO Help Center

cc: Kaiser Foundation Health Plan Inc.
Marianne Woods, MD

MAXIMUS Center 3130 Kilgore Road, Suite 100
For Health Dispute Rancho Cordova, CA 95670
Resolution Tel: [916] 364-8146 • Fax: [916] 364-8134

April 21, 2008

Guillermo Arce
50 West Mountain Street, #10
Pasadena, CA 91103

Summary: The Center for Health Dispute Resolution (CHDR) has determined that the requested therapy is medically necessary for treatment of the enrollee's medical condition. Therefore, CHDR has decided that Kaiser Foundation Health Plan's denial of the requested therapy should be Overturned.

Enrollee Name: Guillermo Arce
Patient Name: Guillermo Arce
Health Plan: Kaiser Foundation Health Plan
DMHC Case File #: 382491
Dates of Service: Pre-Service

Dear Mr. Arce:

You filed an Independent Medical Review request with the California Department of Managed Health Care. The Department assigned your Independent Medical Review to us, the Center for Health Dispute Resolution (also called CHDR).

We, CHDR, are under contract with the Department to make "independent medical review" decisions in appeals such as yours. This means we employ qualified doctors and other health care professionals who study the enrollee's case file and medical records to decide if the care you requested is or is not medically necessary. CHDR is part of a company called MAXIMUS, Inc. MAXIMUS, CHDR, and all of our reviewers are impartial and independent. We are paid for this work by the California Department of Managed Health Care, not by health plans.

Summary of Our Decision:

The parent of a two-year-old male enrollee has requested authorization and coverage for occupational therapy, speech therapy and ABA therapy. The Health Plan has denied this request indicating that the requested therapy is not medically necessary for treatment of the enrollee's autism.

One physician reviewer performed a medical necessity Independent Medical Review. The physician reviewer overturned the Health Plan's denial on the basis that the requested therapy is medically necessary.

CHDR's physician reviewer examined all of the medical records and documentation submitted, and has carefully considered all of the arguments submitted by you, the enrollee's providers, and the Health Plan.

Physician Reviewer Qualifications:

CHDR's decision was made by an independent physician who has no affiliation with Kaiser Foundation Health Plan. CHDR's physician reviewer is actively practicing and is board certified in pediatrics, psychiatry and neurology.

Attached to this letter you will find CHDR's physician reviewer's report.

Appeal of CHDR's Decision:

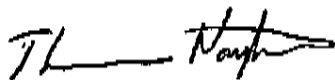
You cannot appeal this decision. The Department of Managed Health Care does not accept appeals of a CHDR decision. The decision of CHDR is final.

Explanation of CHDR's Services:

Please be aware that CHDR is providing an independent review service. CHDR is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care are the sole responsibility of the patient and that patient's physician. CHDR is not liable for any consequences arising from these decisions.

Sincerely,

The Center for Health Dispute Resolution



Thomas Naughton
California Independent Medical Review Project

CC: State of California Department of Managed Health Care

Kaiser Foundation Health Plan

Marianne Woods, MD

**THE CENTER FOR HEALTH DISPUTE RESOLUTION
CALIFORNIA MEDICAL PROFESSIONAL REVIEWER REPORT**

Biography:

I am board certified in pediatrics, psychiatry and neurology. I am knowledgeable in the treatment of the enrollee's medical condition, knowledgeable about the proposed treatment, and familiar with guidelines and protocols in the area of the treatment under review. In addition, I hold a current certification by a recognized American medical specialty board in the area or areas appropriate to the treatment under review. I have no history of disciplinary action or sanctions against my license.

Adequacy of Medical Records and Clinical Information:

Medical Records and Other Clinical Records for Review

1. Enrollee medical records dated 10/18/07 through 4/09/08.
2. Letters (2) from Guillermo Arce dated 2/14/08 and 3/16/08.

Reviewer Assessment of Records

I find the medical records and other clinical information legible and absent any relevant deficiency.

Summary Review Determination:

The parent of a two-year-old male enrollee has requested authorization and coverage for occupational therapy, speech therapy and ABA therapy. The Health Plan has denied this request indicating that the requested therapy is not medically necessary for treatment of the enrollee's autism.

A review of the record indicates that the enrollee has been diagnosed with autism. The medical records indicate that the enrollee's parent is concerned with self-stimulation behaviors that include jumping, flapping, pacing in circles, staring at bright objects and tantrum screaming. The provider reports that the enrollee has delayed personal, social and adaptive development skills. The provider reports that the enrollee is demonstrating mild sensory defensiveness, behavioral aversion to some foods, impaired bolus formation and movement and impaired oral registration. The parent of the enrollee is requesting authorization and coverage for occupational therapy (10 hours per month), speech therapy (twice per week) and ABA therapy (20 hours per week).

The Health Plan indicates that the requested therapy is not medically necessary. The Health Plan reports that the current recommendations (two sessions per month for six months for sensory integration) are medically appropriate.

At issue in this case is whether the requested therapy is medically necessary for treatment of the enrollee's medical condition.

Alternative Service Offered by Plan

Not known at this time.

My Determination

I have determined that the requested therapy is medically necessary for treatment of the patient's medical condition. Therefore, the Health Plan's denial should be overturned.

Evidence For My Determination:***Evidence Submitted for Review***

Health Plan Evidence of Coverage.

Additional Evidence Cited by CHDR Reviewer

I have reviewed the submitted evidence and performed a search of the relevant medical literature. The following evidence supports my decision:

Management of children with autism spectrum disorders. *Pediatrics*, 2007;120:1162-1182.

Summary of Relevant Patient Medical History and Current Condition:

The patient is a two-year-old male with multiple evaluations, all consistent with the diagnosis of autism. The child has severe communication difficulties and a lack of social development. Serial evaluations have consistently showed a lack of significant improvement in these deficits. The parent of the enrollee is requesting authorization and coverage for occupational therapy (10 hours per month), speech therapy (twice per week) and ABA therapy (20 hours per week). The Health Plan has denied this request, and this is the subject of the appeal.

Analysis and Findings:

As the patient clearly meets the criteria of autism, a plan of therapy has to be based on the best medical practice and interventions. Due to the nature of this neurological illness, with an unknown etiology, virtually all studies are relatively small and lack a "gold standard of treatment." Specialists recommend immediate, intensive intervention at the age of recognition. Per a recent review article in *Pediatrics*, occupational therapy (10 hours per week), speech therapy (twice per week) and ABA therapy (20 hours per week) are within the recommendations of this in-depth review.

Therefore, I have determined that the requested therapy is medically necessary for treatment of the patient's medical condition. The Health Plan's denial should be overturned.