

Case Number:	CM14-0205210		
Date Assigned:	12/18/2014	Date of Injury:	05/23/1997
Decision Date:	12/24/2014	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient has a reported date of injury on 5/23/1997. No mechanism of injury was provided. Patient is a 73year old with a diagnosis of recurrent aspiration pneumonia and history of nasopharyngeal cancer. Patient is post jejunostomy and multiple prior gastrostomy/replacement gastronomy. Medical reports reviewed. Last report available was 11/4/14. Request for service was dated 11/19/14 but no newer progress notes were provided for review. Review of records show recent admission for aspiration pneumonia. Patient is weak and wheelchair bound requiring Gtube feeds. Patient is reportedly "free of cancer" but has side effects from the radiation treatments. Exam note on that date was brief but documented unchanged exam. Patient had a recent hospitalization on 9/16/14 and was discharged on 10/8/14 for aspiration pneumonia. Home Aid report dated 10/17/14 states that patient has pain to face and neck. Patient has weakness and slurred speech and requires assistance with transfers, mobility and ambulation. Patient has reported certified home visiting RN and LVN visits approved on UR report dated 11/7/14. UR report dated 11/18/14 approved home physical therapy. Provider's interim order dated 11/19/14 requested home health aide. Only medications documented are Proscar, Levothyroxine and Rapaflo. Independent Medical Review is for Hospice and home health aide 6hours per day for 7days a week for 8weeks. Prior UR on 11/26/14 recommended non-certification. It modified home health aid to 5hours a day, 7days a week for 8weeks. Request for hospice is due to worsening breathing status and patient's spouse is no longer able to care for patient.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hospice Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefit Policy Manual, Chapter 9 - Coverage of Hospice Services Under Hospital Insurance

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Benefit Policy Manual (CMS Pub. 100-02). Chapter 9; <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c09.pdf>.

Decision rationale: MTUS Chronic pain, ACOEM Guidelines and Official Disability Guidelines (ODG) do not have any sections that relate to this topic. As per Medicare policy manual, hospice is warranted if patient meets certain guidelines. The documentation does not meet the most basic criteria. To be eligible for hospice, the patient must be certified to have a terminal illness with prognosis of life expectancy of 6 months or less. The provider has not provided enough documentation or information to recommend hospice. Therefore, the request for hospice care is not medically necessary.

Home Health Aide 6 hours per day, 7 days per week for 8 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As per MTUS chronic pain guidelines, home health aide may be recommended for medical treatment in patients who are bed or home bound. Patient requires significant medical care that will require assistance. MTUS Guidelines do not recommend more than 35 hours per week. The requested 6 hours per day for 7 days a week for a total of 42 hours a week does not meet this recommendation. Prior UR modified and approved 35 hours per week of home health aide. Therefore, the request for 42 hours per week for 8 weeks of home health aide is not medically necessary.