

Case Number:	CM13-0041630		
Date Assigned:	12/20/2013	Date of Injury:	12/15/2005
Decision Date:	04/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 60 year-old male carpenter who was injured on 12/15/2005 when he fell 20 feet off an extension ladder causing spinal injury and T10 paraplegia. He has urinary retention with recurrent urinary tract infections (UTIs) and uses foley catheters. He developed renal failure and has received hemodialysis since July 2012. He developed decubitus ulcers with multidrug resistant pseudomonas. He developed iscial osteomyelitis, severe anemia and hypertension related to chronic renal failure. He was not able to consume adequate nutrients orally and IDPN was required. [REDACTED], recommended IDPN 3 times per week, but did not state the duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRADIALYTIC TOTAL PARENTERAL NUTRITION (IDPN) HOME INFUSION (865ML 3 TIMES A WEEK): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sigrist MK, Levin A, Tejani AM. Systematic review of evidence for the use of intradialytic parenteral nutrition in malnourished hemodialysis patients. J Ren Nutr. 2010 Jan; 20(1): 1-7. Epub 2009 Sept 27.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83-87.

Decision rationale: The patient has T10 paraplegia. He had urinary retention, and developed multiple UTIs and renal failure requiring dialysis since 2012. He is not able to consume enough nutrients orally, and requires IDPN home infusion 3 times per week. The California MTUS Guidelines do not specifically discuss IDPN for dialysis patients, but does offer some support for proactively managing coexisting medical conditions. The request for IDPN 3 times per week is in accordance with the California MTUS Guidelines. Therefore, the requested services are medically necessary and appropriate.