

<b>Case Number:</b>	CM13-0059617		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/15/2005
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 is licensed to practice in Illinois. 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:

The injured worker is a 60-year-old male who reported an injury on December 15, 2005. The mechanism of injury was not specifically stated. Current diagnoses include hypoalbuminemia, hypertension, malnutrition, end stage renal disease, and paraplegia. A request for authorization form was submitted on October 3, 2013 for an IDPN compound. However, the latest physician progress report submitted for this review is documented on April 29, 2013. Physical examination revealed normal findings with notation of a suprapubic catheter. Treatment recommendations at that time included authorization for a referral to a urologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 IDPN HOME INFUSION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

**Decision rationale:** Intradialytic parenteral nutrition is a nutritional supplement infusion. The Official Disability Guidelines state medical food is a food which is formulated to be consumed

or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. There is no documentation of an updated physician progress report submitted for this review. Therefore, the medical necessity for a nutritional infusion has not been established. The request for IDPN home infusion is not medically necessary or appropriate.