

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0054876 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/01/1989 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 Physical Medicine & Rehabilitation, 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 73 year-old patient sustained an injury on 4/1/1989 while employed by CIGA. Request under consideration include Continued Hospice Care. Diagnoses include progressive Coccidioidomycosis. The injured worker reported history of lupus and coccidiomycosis and chronic pain. Noted loss of appetite, occasional nausea with questionable coronary artery disease on EKG with T-wave inversion. Assessment noted plan to rule out acute coronary syndrome with social service consult for attempted placement. Echogram on 11/6/13 showed ejection fraction of 48% with multi-valvular regurgitation and calcification. Report dated 11/15/13 from the infection disease provider noted the patient presented for follow-up of his coccidioidomycosis; patient stated no clear complaint but has total body not functioning and is very sick; no other history was available. Exam showed chronically severely ill; no other significant change in exam from previous. Impression noted Coccidiomycosis; site of this problem is not clear. systemic lupus erythematosus apparently active but the exact manifestation of SLE not defined; Respiratory distress with pulse oximetry of 98% at time in office; and substantial pain that the patient is not able to elucidate. Plan explained that the provider was not able to take care of the patient and believed the patient needs a general internal medicine care, psychiatric care, rheumatologic care, and pulmonary care. Report dated 2/20/14 noted diagnoses of Valley Fever, Lupus, Neuralgia. The patient has been P&S and is treating under future medical. It was noted mechanism of Valley Fever infection was unknown. Medical management services was initiated to help find an assisted living facility. The request for Continued Hospice Care was non-certified on 3/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Hospice Care: 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 Other Medical Treatment Guideline or Medical Evidence: CMS- Medicare Hospice Regulations (CMS-38844-F Hospice Conditions of Participation) and 42 CFR 418- Hospice Care.

Decision rationale: Clinical review indicates most patients with coccidioidomycosis have an excellent prognosis and most infections are self-limited and resolve within a few months without the need for medical intervention. In more than 90% of symptomatic individuals with no further sequelae develop. Treatment with anti-fungal therapy is effective in most of the defined clinical syndromes, and therefore the prognosis for recovery in these patients is also excellent. Submitted reports have not adequately demonstrated current physical condition, functional status, failed conservative trial, or clear terminal illness to support for hospice care of P&S injury of 1989. MTUS, ODG guidelines are silent on hospice care; however, Medicare & Medicaid Services (CMS) notes NHPCO (National Hospice and Palliative Care Organization) has admission criteria not met here as terminal disease is defined as prognosis of 6 months or less if disease/illness runs its normal course not evident in this case and there are no medical narratives documenting indication or necessity for continued hospice available to support request. The Continued Hospice Care is not medically necessary and appropriate.