MAXIMUS Federal Services

Case Number:	CM15-0035809		
Date Assigned:	03/04/2015	Date of Injury:	06/11/2010
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male, who sustained an industrial injury on June 11, 2010. The diagnoses have included asbestos induced lung cancer stage 4, cancer metastatic to bone, coronary artery disease (CAD), myocardial infarction, diabetes and asbestosis. A progress note dated January 30, 2015 provided the injured worker is unable to care for himself other than feeding himself. Physical exam notes adventitious lung sounds. Hospice care and home health are recommended. Of note a pulmonary visit offers to provide home visit at no expense due to the injured workers poor condition. On February 11, 2015 utilization review non-certified a request for home health care as per assessment 12 hours per day 6 days per week for a minimum of 8 weeks. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care as per assessment 12 hours per day 6 days per week for a minimum of 8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary.

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

Decision rationale: Based on the 01/30/15 progress report, the patient presents with stage 4 lung cancer. The request is for home health care (12 hours per day 6 days per week for a minimum of 8 weeks). The patient's diagnoses per RFA dated 02/09/15 included asbestos-induced lung cancer, coronary artery disease, type 2 diabetes mellitus and asbestosis. The patient was admitted to the hospital on 01/05/15 and discharged on 01/07/15 with a diagnosis of respiratory failure. Due to extreme shortness of breath the patient is unable to walk and is in a wheelchair, weak and fatigued. MTUS Guidelines page 51 has the following regarding home service, "recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Per treater report dated 01/23/15 treater states, "wife is taking care of ALL aspects of his care due to mix-up with scheduling of home health. She has had to take time off from work." The patient is unable to care for himself. It is unclear why a skilled-nursing facility was not mentioned in provided medical reports. This request appears medically necessary but the request is for 12 hours per day 6 days a week, which totals 72 hours per week. MTUS guidelines state, "generally up to no more than 35 hours per week". Nevertheless, this patient has end-stage CA at age 72, requires involved care. The patient is only able to feed himself and the patient is recommended for a hospice care. Until then, the request IS medically necessary.