

Case Number:	CM14-0219010		
Date Assigned:	01/09/2015	Date of Injury:	07/02/2012
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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:

This is a male patient with an injury date of 07/02/2012. There is no explanation of mechanism of injury found within the provided documentation. He is noted being diagnosed with a primary diagnosis of unspecified disorder plasma protein metabolism and has undergone induction chemotherapy with 8 cycles; tolerating well. Then he also underwent stem cell transplant in 09/2013, followed by allo match unrelated donor in 10/2013. Furthermore due to increasing light chain he's received multiple donor lymphocyte infusions. In addition, it is noted that Carfilzombid maintenance is on hold since 06/13/2014. A request for services was made on 12/05/2014 asking for home health services. The Utilization Review denied the request as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health: Upheld

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

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

Decision rationale: This patient presents with a history of neuropathy likely related to Velcade, currently asymptomatic, and a history of compression fracture, currently without pain. The treater has asked for HOME HEALTH but the requesting progress report is not included in the provided documentation. The utilization review letter dated 12/19/14 states: "a letter dated 12/17/14 indicated the patient required 24 hour live in care since 6/6/13 from his spouse. She provides transportation to and from appointments, cleans and flushes his central venous catheter daily, grocery shops and prepares meals. She also takes his temp and monitors for signs of infection as well as assists him with ADLS." The patient had 50% T cell donor chimerism 30d post allo that has decreased to only 14% as of 2/5/14 per 10/3/14 report. The treater's goal is to "get the MM into remission and establish full donor chimerism," and will proceed with the fourth donor leukocyte infusion on 10/10/14 per 10/3/14 report. Regarding home health services, MTUS recommends 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, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the patient is undergoing treatment for multiple myeloma. The request is for home care assistance for the patient's condition, but requested home care 24 hours a day 7 days a week does not include a timeframe or end-date. This request is open-ended in duration, while ODG recommends on a part-time or intermittent basis. Furthermore, the request is for a 24 hour care, and there is no explanation as to why the patient requires 24 hour care, such as danger to self, or others, inability to transfer, etc. The patient's spouse, the proposed care-giver, is currently providing medical treatment such as flushing the venous catheter, monitoring temperature and administering medication. However, she is also providing homemaker services which are not supported by the guidelines. The request IS NOT medically necessary.