

Case Number:	CM15-0018641		
Date Assigned:	02/06/2015	Date of Injury:	06/11/2010
Decision Date:	04/14/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for a queen-size hospital bed. A bedside commode was approved. The claims administrator partially approved request for oxygen via nasal cannula and also apparently partially improved request for home health services. Progress notes of December 7, 2014 and November 5, 2014 were referenced in the determination. A variety of MTUS and non-MTUS Guidelines were invoked. The applicant's attorney subsequently appealed. In a handwritten note dated January 30, 2015, the applicant was described as "permanently totally disabled," reportedly owing to interstitial lung disease. The attending provider suggested that the applicant receive home health care. Large portions of the progress note were difficult to follow and not altogether legible. It was stated that the applicant had developed issues with lung cancer, progressively worsening. The applicant exhibited a 98% oxygen saturation on 7 liters of oxygen via nasal cannula. The applicant's medications included albuterol, Zofran, topical compounds, naproxen, Lopressor, Duragesic, Tarceva, prednisolone, Bactrim, Dulera, vitamins, Glucophage, and various inhalers. The attending provider stated that the applicant was a candidate for hospice but did not explicitly state what services he intended the home health nurse to deliver. An earlier note of July 7, 2014 stated that the applicant carried a diagnosis of severe interstitial lung disease for which the applicant was using oxygen via nasal cannula. The applicant's pulse ox was 98% on 7 liters of supplemental oxygen, it was suggested. On January 23, 2015, the applicant's pulmonologist noted that the applicant had alleged development of respiratory failure secondary to adenocarcinoma of the lung and/or interstitial lung disease secondary to asbestos exposure.

The applicant had reportedly developed issues with metastatic cancer. Home health services were sought. The attending provider stated that the applicant was wheelchair bound and was having difficulty attending office visits of his own accord. The applicant became visibly dyspneic after talking two to three words, the attending provider stated. A home health care nursing note, somewhat blurred as a result of repetitive photocopying, not clearly dated, did seemingly suggest that the applicant had difficulty performing household chores, preparing meals, cooking, shopping, carrying laundry, housekeeping tasks, dressing himself, etc. The applicant did require usage of supplemental oxygen via nasal cannula, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health RN- 2x weekly for 2 hrs with transition to home based palliative care:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

Decision rationale: Yes, the home health nurse was medically necessary, medically appropriate, and indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver otherwise recommended medical treatments to applicants who are homebound. Here, several treating providers, including the applicant's home health nurse, the applicant's pulmonologist, the applicant's internist, etc., have all contended that the applicant is having difficulty attending physician office visits of his own accord, becomes visibly dyspneic with even minimal exertion such as by talking, uses a wheelchair to move about, is minimally ambulatory, has developed advanced interstitial lung disease, cancer, and/or asbestosis, etc. It did not appear that the applicant would be able to obtain and receive the requisite medical services, including hospice, of his own volition, through conventional outpatient office visits. Therefore, the request was medically necessary.

DME; Oximyzzer 7L at rest and exertion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CIGNA cover, Home Oxygen System and associated Oxygen delivery equipment and accessories.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://emedicine.medscape.com/article/297664-treatmentChronic Obstructive Pulmonary Disease Treatment & Management](http://emedicine.medscape.com/article/297664-treatmentChronic%20Obstructive%20Pulmonary%20Disease%20Treatment%20&%20Management) Author: Zab Mosenifar, MD, FCCP, FACP; Chief Editor: Ryland P Byrd Jr, MD Stage IV (very severe obstruction or moderate obstruction with evidence of chronic respiratory failure): Reduction of risk factors (influenza vaccine); short-acting bronchodilator as needed; long-acting bronchodilator(s); cardiopulmonary rehabilitation; inhaled glucocorticoids if repeated

exacerbation; long-term oxygen therapy (if criteria met); consider surgical options such as LVRS and lung transplantation.

Decision rationale: Similarly, the request for an Oxymizer, a means of delivering supplemental oxygen, was medically necessary, medically appropriate, and indicated here. MTUS does not address the topic. However, Medscape's Chronic Obstructive Pulmonary Disease (COPD) article notes that long-term oxygen therapy is indicated in applicants with severe, stage IV COPD. Here, the applicant does have severe lung disease requiring usage of 7 liters of oxygen via nasal cannula. The applicant is apparently severely dyspneic with even basic activities such as ambulating and/or speaking. Continuing with supplemental oxygen therapy via the Oxymizer was, thus, indicated. Therefore, the request was medically necessary.

DME: Queen sized hospital bed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletins (Aetna), Number 0543, Hospital Beds and Accessories.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.medscape.com/viewarticle/551364_6The Advanced Practice Nurse's Role in Palliative Care and the Management of Dyspnea Rose Anne Indelicato, MSN, APRN-BC, PCM-BC, OCN Disclosures Topics in Advanced Practice Nursing eJournal. 2006;6(4)In addition, the use of durable medical equipment such as a hospital bed, portable oxygen, walker, wheelchair, bedside table, or bedside commode may limit exertion, thus decreasing breathlessness.

Decision rationale: Similarly, the hospital bed was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, Medscape notes that durable medical equipment such as hospital bed, portable oxygen, bedside table, etc., may limit an applicant's exertion and decrease issues with dyspnea and/or breathlessness. Here, as noted previously, the applicant was described as having a variety of issues with dyspnea, orthopnea, exertional dyspnea, etc. Provision of a hospital bed was indicated here, given the extent of the applicant's pulmonary issues and complaints. Therefore, the request was medically necessary.

DME: Bedside table: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy DME, CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.medscape.com/viewarticle/551364_6The Advanced Practice Nurse's Role in Palliative Care and the Management of Dyspnea Rose Anne Indelicato, MSN, APRN-BC, PCM-BC, OCN Disclosures Topics in Advanced Practice Nursing eJournal. 2006;6(4)In addition, the use of durable medical equipment such as a hospital bed,

portable oxygen, walker, wheelchair, bedside table, or bedside commode may limit exertion, thus decreasing breathlessness.

Decision rationale: Finally, the request for a bedside table was likewise medically necessary, medically appropriate, and indicated here. The MTUS did not address the topic. However, Medscape notes that introduction of bedside tables, walkers, oxygen, hospital beds, etc., may be beneficial in attenuating symptoms of dyspnea in applicants with severe pulmonary disease. Here, the applicant does, in fact, have advanced pulmonary disease, including advanced lung cancer, advanced asbestosis, etc. The applicant was having issues with dyspnea, orthopnea, breathlessness, difficulty speaking, difficulty standing and walking, etc. Introduction of a bedside table, was, thus, indicated to attenuate some of the applicant's pulmonary complaints. Therefore, the request was medically necessary.