

# IMED, INC.

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## Notice of Independent Review Decision

### IRO REVIEWER REPORT TEMPLATE – HC

**[Date notice sent to all parties]:**

**11/07/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: S9126 Hospice Care, in the Home, Per Diem. Dates of Service: 09/15/2013-12/31/2013**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** Board Certified Internal Medicine

#### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Laboratory reports 07/24/12

Laboratory reports 08/06/12

Laboratory reports 08/31/12

Laboratory reports 09/17/12

Clinical records 05/09/12

Clinical records 06/11/12

Clinical records 07/16/12

Clinical records 09/24/12

Physician narrative for certificate of terminal illness 10/09/13

Insurance response letters 10/04/13 and 10/18/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who was diagnosed with borrelia burgdorferi syndrome. The patient was placed on antibiotic therapy in 2012. There were no recent clinical records for this patient. The physician narrative for certification of terminal illness indicated there was progressive neurological decline of the patient. No specific physical examination findings were noted. Hospice home hospice care from 09/15/13 to 12/31/13 was denied by utilization review on 10/04/13 due to lack of clinical information. The request was again denied by utilization review on 10/18/13 as there was an absence of a terminal illness diagnosis or other documentation regarding psychiatric evaluation and life expectancy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient has been reported to have progressive neurological decline as a result of her condition. As indicated in the previous denial letters there was a lack of clinical information supporting home hospice care for this patient. There is no documentation regarding terminal illness in this case or to support life expectancy. Given the lack of any recent specific clinical information for this patient it is the opinion of this reviewer that medical necessity for the request has not been established.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

Joseph T. Hanlon, PharmD, multiple sclerosis. Pain and Its Treatment in Older Nursing Home Hospice/Palliative Care Residents. Journal of the American Medical Directors Association Volume 11, Issue 8, October 2010, Pages 579-583.