DATE OF REVIEW: 10/17/18, 11/05/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
XX, DOS XXXX.

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

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

☐ Upheld (Agree)

☐ Overturned (Disagree)

☒ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- XX of the XX crease, DOS XXXX - Overturned
- XX change of the XX crease, DOS XXXX. - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:
XXXX. XXXX has had XX XX XX and XX due to XX XX XX. XXXX has recently been receiving home health care due to XX XX. Most recently, the claimant had a XX XX XX XX XX treatment and medications were provided.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
Records indicate the claimant has been receiving XX care since XXXX, based on medical necessity for XX and most recently, the XX region.

The claimant certainly meets the criteria for being XX essentially, XX

However, in regard to the XX dates, based on the provided medical records, only the XXXX date of care appears to medically reasonable and necessary. The XX to the XX XX XX had healed per the XXXX visit, and on XXXX, the XX provided follow-up exam, assistance, and medication, XXXX, as prescribed by the treating physician to both treat and prevent further XX infections. Medication instruction and usage and Discharge Planning were also discussed at this visit. The XXXX note is a Discharge Summary only, with no exam or treatment notes provided and does not appear to be medically reasonable or necessary.

Therefore, for the denied XXXX home health visit, the previous denials are overturned as the service is found to be medically reasonable and necessary. For the denied XXXX home health visit, the previous denials are upheld as records do not substantiate as medically reasonable or necessary.

Addendum XXXX: XXXX forwarded additional records requesting that they be reviewed in relation to the XXXX date of service denial being upheld. The provided record, an additional discharge note date XXXX and titled XX Summary, does not change my prior opinion.

The XXXX visit notes no problems identified and states that the "patient had an appointment with XXXX and XX was healed when MD saw patient''. The XXXX visit did provide follow-up assistant with medication and instruction of XXXX, as prescribed by the treating physician, to both treat and prevent further XX XX, thereby substantiating medical necessity. Medications, care, and discharge were all discussed during this visit.

Further, the originally provided XXXX Discharge Note of XXXX clearly states that ''per XX visit on XXXX all wound are XX.

In summary, the additional provided record does not substantiate objective medical rationale for the XXXX visit and does not change my prior opinion. For the denied XXXX home health visit, the previous denials are overturned as the service is found to be medically reasonable and necessary. For the denied XXXX XX health visit, the previous denials are upheld as records do not objectively substantiate as medically reasonable or necessary.

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

☒ **ACP – AMERICAN COLLEGE OF PHYSICIANS**

☒ **AMERICAN MEDICAL ASSOCIATION, JAMA INTERNAL MEDICINE**

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

☒ **MILLIMAN CARE GUIDELINES**

☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☒ **CMS.GOV – MEDICARE POLICY**

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https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf#page=24