



December 11, 2014

U.S. Department of Labor, DEEOIC  
 Seattle District Office  
 300 Fifth Avenue, Suite 1050E  
 Seattle WA 98104

File number: \_\_\_\_\_

Dear Claims Examiner:

This letter is on behalf of Michael \_\_\_\_\_, whose covered conditions include chronic monocytic leukemia [CML, 206.1], myelodysplastic syndrome lesions [MDS, 238.73], malignant neoplasm of the skin of the trunk [172.5], and chronic obstructive pulmonary disease [COPD, 496]. I am his treating physician and will be making the recommendations for his home health care services.

Interim history includes hospitalization from October 23 to November 25, 2014. Mr. \_\_\_\_\_ was admitted through the emergency room for COPD exacerbation. Routine blood studies showed acute leukocytosis, thrombocytopenia, and anemia consistent with an acute monocytic leukemia. Although his COPD responded well to nebulizer treatments, his overall improvement was delayed by complications attributable in part to his CML and previous chemotherapy. When he no longer met inpatient criteria he was discharged home with in-home nursing care. I attended him during this period and concur with the attached hospitalist discharge summary.

Mr. \_\_\_\_\_'s prognosis remains poor and his family has initiated hospice services. He is both physically and cognitively incapable of caring for himself and this is unlikely to improve. He needs comprehensive, around the clock nursing services to address his symptoms and keep him comfortable as he approaches the end of his life.

Each shift and as indicated by Mr. \_\_\_\_\_'s condition, a skilled RN or LPN will measure his vital signs and conduct a focused physical examination. The nurses will identify any petechiae, ecchymosis, melena, hematemesis, frank blood, or other signs of uncontrolled bleeding and report them to me. Nurses will auscultate his lungs for adventitious sounds and note any shortness of breath or changes in cough or respiratory effort. As needed, they will reposition him, encourage deep breathing and coughing, or administer his rescue inhaler. The nurses will perform skin surveillance for edema, impaired skin integrity, and wound healing status. To improve his skin integrity, they will reposition him at least every two hours using appropriate support, encourage activity if possible, apply wound treatments, and keep his skin clean and dry. The nurses will conduct hourly assessments for verbal and nonverbal signs of pain, titrate and administer pain medication, provide non-pharmacological interventions, and interpret the



effectiveness of these measures. The nurses will administer all oral, topical, and inhaled medications, remaining alert to their side effects, adverse reactions, and complications related to polypharmacy. They will also anticipate Mr. [redacted] other needs and assist to ensure his safety and comfort. When his condition changes or his symptoms do not respond to nursing interventions, the nurses will notify me and collaborate with me to modify his treatment plan. An RN case manager (CM) is needed to act as a liaison and single point of contact between me, the in-home nursing team, and the family. The CM will update and educate the nurses, review their documentation at each visit, and conduct a physical examination as needed. She will establish a therapeutic relationship so that Mr. [redacted] an feel comfortable discussing his physical and emotional needs. In addition, the CM will collaborate with me on any changes to his treatment plan and coordinate his hospice and medical care needs.

I recommend skilled nursing 24 hours per day, 7 days per week, and case management services for 16 hours per month. I am requesting these services for 180 days, but will re-evaluate his needs when informed of changes by his family or RN case manager.

Sincerely,

  
Arun Patel, MD

