
Notice of Independent Medical Review Determination

Dated: 9/18/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/30/2013
Date of Injury: 1/27/2012
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0009776

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued TLC day program at [REDACTED], 5 days per week 8/1/13 through 8/31/13 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/12/2013 disputing the Utilization Review Denial dated 7/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/17/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for continued TLC day program at [REDACTED], 5 days per week 8/1/13 through 8/31/13 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 30, 2013

"07/22/13 Multidisciplinary report submitted by [REDACTED], MD
Multidisciplinary report dated 07/22/13 indicates that the claimant complains of right arm, chest, and hip pain. The claimant also presents with multiple rib fractures including 1 and 6-12, right hemopneumothorax, right iliac fracture, right acetabular fracture, right sacral fracture and evidence of hematoma on the right iliac and psoas obturator area, right L5 transverse process fracture, and an anterior chip fracture in the upper surface of L1, right comminuted distal humerus fracture. The claimant has progressed to performing right upper extremity home exercise program with handouts independently with good follow through and technique. The claimant is having increased difficulty with taking on task. The claimant has been leaving program without notifying staff. The claimant began participating in life skills program and assisted with activities at [REDACTED] with appropriate interactions. The claimant has inconsistent improvement. The claimant recalled activity topic following 5 days. The claimant needs minimal cues for verbosity when relaying information when angry. The claimant requires minimal assistance for topographical orientation in the community orienting to north/south/east/west. The claimant continues to require cueing to initiate. The claimant has progressed to independence with stand pivot transfers. The claimant has progressed to independence with stand pivot transfers. The claimant has progressed to gait training without assistive device over even surfaces, more than 1,000 feet, moderate 1 over uneven surfaces with supervision in complex environment. The claimant is now moderate for stairs, more than 12 steps using rail without assistive device, reciprocal pattern. The claimant has attended pool 1 time a week for 3 months and has been attending modified yoga twice a month for 3 months. The claimant is able to walk 2 miles without taking rest but still needs verbal cues for crossing at streets and unsafe walking pace. The claimant's mood remains relatively stable. The claimant generally

reports and demonstrates positive mood state. The claimant has a tendency to minimize psychosocial stressors. The claimant has a very positive and constructive approach to problems or challenges in rehab and is always encouraging others, though claimant often fails to see own cognitive difficulties. The claimant demonstrates poor awareness of social norms at time, including poor understanding of cues regarding verbosity and requires redirection. The claimant demonstrates good impulse control within structured group setting and is generally socially appropriate. The claimant demonstrates significant executive deficits, including preservation, diminished insight, and impaired cognitive flexibility and divided attention. The claimant does not demonstrate safety concerns within a structured setting of neuropsychology therapies. The claimant continues to participate in the Day Treatment program 5 days per week. The claimant is maintaining most of progress. In physical therapy, the claimant showed some increase in test scores such as the Bess and the HiMat. In cognition, the claimant is showing increased processing speed. The claimant generally reports and demonstrates positive mood states and denies significant emotional distress. The provider recommends continued outpatient therapy, home and community physical therapy, occupational therapy, speech therapy and neuropsychology. Review of claim indicates that the claimant has been in program since 02/13.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 8/12/13)
- Utilization Review Determination (dated 7/30/13)
- Medical records (dated 3/13/12 – 7/22/13)
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for continued TLC day program at [REDACTED] 5 days per week 8/1/13 through 8/31/13 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), Knee and Leg Procedure Summary which is a Medical Treatment Guideline (MTG) which is not part of the Medical Treatment Utilization Schedule (MTUS) and the Chronic Pain Medical Treatment Guidelines (2009), Functional Restoration Programs. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the Medical Treatment Utilization Schedule (MTUS) was applicable to the issue at dispute. The Expert Reviewer found no applicable and relevant Medical Treatment Guideline, Nationally Recognized Professional Standard, or Expert Opinion applicable to the issue at dispute. The Expert Reviewer based his/her decision on the generally accepted standard of medical practice as relevant and appropriate for the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on 1/27/12. The medical records provided for review indicate current participation in TLC day program and that the employee continues to have continued right arm, chest, and hip pain as well as significant cognitive issues. The request is for a continued TLC day program at [REDACTED], 5 days per week 8/1/13 through 8/31/13.

MTUS does not specifically address TLC programs. This is more of an assisted living program, and ODG, ACOEM do not discuss this issue. The medical records reviewed include multiple recommendations from various physicians for 24- hour care or a new dwelling. There is documentation that the employee is shown to be at risk for injury at home, is no longer able to drive, and is at risk of getting lost if attempting to walk to a bus stop/public transportation. The medical records document need for transportation and need for the TLC program based on generally accepted standards of medical practice. The continued TLC day program at [REDACTED], 5 days per week 8/1/13 through 8/31/13 is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.