

<b>Case Number:</b>	CM13-0066166		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

The injured worker is a 53-year-old male who reported an injury on 04/26/2010. The mechanism of injury was a motor vehicle accident. Prior treatments included outpatient counseling and cognitive behavioral therapy. The surgical history and medications were not provided. The injured worker was subsequently involved in a second motor vehicle accident on 07/14/2011. The injured worker underwent x-rays and CT scans. The documentation indicated the injured worker suffered a traumatic brain. The most recent documentation was dated 09/24/2013 and was handwritten and difficult to read. There were no objective findings noted. There was no treatment plan noted and there were no diagnoses noted on the most recent documentation. The documentation indicated the request was made for a copy of the agreed medical evaluation. There was no Request for Authorization nor physician documentation nor rationale for inpatient rehabilitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive inpatient rehabilitation x30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Skilled nursing facility LOS (SNF).

**Decision rationale:** The Official Disability Guidelines indicate length of stay is recommended for up to 10 to 18 days in a skilled nursing facility or 6 to 12 days in an inpatient rehabilitation facility dependent upon the degree of functional limitation, ongoing skilled nursing or rehabilitation care needs. Additional indications include the injured worker's ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and the availability of facilities immediately following 3 to 4 days of an acute hospital stay. There was a lack of documentation indicating the injured worker had a need for skilled nursing or skilled rehabilitation services. There was no Request for Authorization or rationale requesting the service. The request for 30 days would be excessive without re-evaluation. Given the above, the request for comprehensive inpatient rehabilitation times 30 days is not medically necessary.