

<b>Case Number:</b>	CM14-0002667		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 08/09/2011. The injury reportedly occurred when he hit his head on a tank with positive loss of consciousness. The injured worker was taken to the local hospital and stayed 1 night. His diagnoses include TBI and concussion secondary to explosion. His past treatments included physical therapy, occupational therapy, speech, and daily living treatment program. Diagnostic studies were not provided. Surgical history was not provided. On 08/06/2013, the patient was seen for multidisciplinary evaluation. The injured worker participated in driving prep with poor shift of set, delayed auditory and visual processing and poor insight into safety. The injured worker had difficulty with focus and attention. Case manager recommendations for the team were recommending that the injured worker return to [REDACTED] for comprehensive multidisciplinary post acute intensive rehabilitation program. The injured worker would be re-evaluated and discuss the progress with the team and physician. According to the record dated 08/12/2013 the injured worker was showing some progress. Unfortunately, there were no current documentation as to if progress is continuing. The injured worker had been evaluated by a neurologist and neuropsychologist and Final Determination Letter for [REDACTED] 3 has been confirmed to have developed significant cognitive disorder with deficits in executing functioning memory, attention, visual, spatial and processing speed, and activities have significantly been decreased. The injured worker has received a home exercise program that needs to be continued. The request is for continue of transitional living center day treatment program, PT, OT, ST, NP up to 6 hrs daily, 5 days per wk, (23 total days). The Request for Authorization and rationale were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue op transitional living center day treatment program, PT, OT, ST, NP up to 6 hrs daily, 5 days per wk, (23 total days): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG COGNITIVE SKILLS RETRAINING.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

**Decision rationale:** The request for continue op transitional living center day treatment program, PT, OT, ST, NP up to 6 hrs daily, 5 days per wk, (23 total days) is not medically necessary. The injured worker has a history of brain injury. According to the Official Disability Guidelines (ODG), Cognitive skills retraining is recommended, especially when the retraining is focused on relearning specific skills. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/ cognitive testing is not recommended during the first 30 days post injury. Training needs to be focused, structured, monitored, and as ecologically relevant as possible for optimum effect. Rehabilitation programs emphasizing cognitive-behavioral approaches to the retraining of planning and problem-solving skills can be effective in ameliorating identified deficits in reasoning, planning, concept formation, mental flexibility, aspects of attention and awareness, and purposeful behavior. There is a lack of documentation of functional improvement at this time. The last clinical note provided for review was dated 08/2013. This is over a year old. Without current medication, a decision cannot be made. As such, the request for continue op transitional living center day treatment program, PT, OT, ST, NP up to 6 hrs daily, 5 days per wk, (23 total days) is not medically necessary.