MAXIMUS Federal Services

Case Number:	CM14-0107748		
Date Assigned:	08/01/2014	Date of Injury:	11/30/2005
Decision Date:	09/18/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41 year old male injured on 11/30/05 when a heavy spool of thick wire weighing approximately 700 lbs. fell on his right lower extremity knocking him to the ground resulting in right open tibia and fibula fracture, low back pain, and psychiatric disorder. Diagnoses include status post grade 2 open right tibia/fibula fracture with open reduction internal fixator and hardware removal, complex regional pain syndrome right lower extremity, failed spinal cord stimulator trial, post-laminectomy pain syndrome with L5-S1 fusion, erectile dysfunction, major depression, gastritis, narcotic dependency and intermittent urinary incontinence with a neurogenic bladder. The clinical note dated 01/08/14 indicated the injured worker presented complaining of an inability to walk due to pain in the bilateral lower extremities and weakness of the spine. The injured worker complained of persistent hypersensitivity in the mid-leg level, right greater than left. Physical examination revealed hypersensitivity over the right pre-tibial border, smooth range of motion of the knee and ankle, and decreased sensation of the feet on both sides but not specifically localized. The documentation indicated computed tomography report dated 10/11/13 revealed the injured worker to have a solid healing of the right tibia fracture and fibula fracture with osteopenia but no arthritic changes. The documentation indicated low back pain and bilateral lower extremity pain with an inability to walk due to a combination of pain and weakness with referral back to primary care provider. It was noted structurally, there was nothing interfering with the ability to walk. It appeared to be chronic pain related. Prior documentation requested 24 hour home care assistance for bilateral lower extremity paresis, neurogenic bladder with licensed vocational nurse level care and weekly evaluation from registered nurse, supportive guard railings, shower chair, bedside commode, electric wheelchair with ramp, hospital bed, electric scooter, psychiatric care, admission to skilled nursing facility when attendance unavailable, transportation for all

activities of daily living, and psychological treatment. Multiple electromyogram/nerve conduction studies performed were within normal limits. The documentation indicated the spouse provided significant portion of care. The initial request for a transitional living center residential program post-acute physical rehabilitation with interpreter days, quantity 21, was initially non-certified on 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transitional Living Center Residential Program Post-Acute Physical Rehabilitation with Interpreter (Days), quantity: 21.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The injured worker has undergone physical therapy following the initial injury in 2005 and should not require acute physical rehabilitation. The computed tomography report dated 10/11/13 revealed solid healing of the right tibia fracture and fibula fracture with osteopenia but no arthritic changes. The documentation indicated low back pain and bilateral lower extremity pain with an inability to walk due to a combination of pain and weakness with referral back to primary care provider. It was noted structurally, there was nothing interfering with the ability to walk. It appeared to be chronic pain related. As such, the request for Transitional Living Center Residential Program Post-Acute Physical Rehabilitation with Interpreter (Days), quantity: 21.00 is not medically necessary and appropriate.