

Case Number:	CM14-0011561		
Date Assigned:	02/21/2014	Date of Injury:	08/09/2012
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 48-year-old male with date of injury of 08/09/2012. The listed diagnoses per [REDACTED] dated 11/15/2013 are: 1. Traumatic brain injury. 2.

Post-concussive syndrome secondary to industrial injury. 3. Cervicalgia with cervical

strain. 4. Left shoulder impingement syndrome. 5. Posttraumatic vision

syndrome. 6. Temporomandibular joint dysfunction. 7. Low back pain. 8.

Hypertension. 9. Anxiety disorder related to traumatic brain injury. According to this

report, the patient continues to experience anxiety difficulties and has stopped taking BuSpar and Zoloft because of the way he felt. The treater educated the patient on the need for this

medication. Nonetheless, the patient does not want to restart those medications. The patient

states that he wants to get control of his headaches and then he will be willing to look at the

mood-type medications to lessen anxiety. He has anxiety over driving and is not able to go to

public places. His audiology evaluation was performed, and he has moderate high-frequency

sensorineural hearing loss in the left ear. The patient is showing cognitive improvement. He still

has ongoing pain. His headaches are still located in the right side over his temporal area with

radiation down his neck. The physical exam shows the patient is pleasant and cooperative.

There is no clubbing or cyanosis in the extremities. Neurologic exam shows mood and affect are euthymic and congruent respectively. He is using compensatory strategies much more.

Evaluation of his jaw shows he still has limited excursion. He has tenderness to palpation over

the right temporomandibular joint, but no lateral instability. The utilization review denied the

request on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED OUTPATIENT TRANSITIONAL LIVING CENTER DAY TREATMENT PROGRAM PT OT ST NP UP TO 6 HOURS DAILY 5 DAYS PER WEEK (23 TOTAL DAYS): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGES 31-32.

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

Decision rationale: This patient was involved in a closed-head injury with positive loss of consciousness and post-concussion syndrome. The treater is requesting continued outpatient transitional living center day treatment for a total of 23 days. The MTUS and ACOEM Guidelines are silent with regard to this request. However, ODG on skilled-nursing facility care states that it is recommended after hospitalization when patients require skilled nursing or skilled-rehabilitation services or both on a 24-hour basis. The criteria for skilled-nursing facility care include: 1. The patient was hospitalized for at least 3 days for major or multiple trauma or surgery. 2. Physician certifies that the patient needs assisted care for treatment of major or multiple traumas, postoperative significant functional limitations, or associated significant medical comorbidities. 3. The patient has significant new functional limitations such as inability to ambulate more than 50 feet or perform activities of daily living such as self-care, eating, or toileting. 4. Patient requires skilled nursing or skilled rehabilitation services or both on a daily basis at least 5 days per week requiring skills of technical or professional personnel such as nurse, physical therapist, and occupational or speech therapist. 5. Treatment is precluded in lower levels of care. 6. The skilled-nursing facility is a [REDACTED]-certified facility. The rehabilitation center multidisciplinary report dated 12/30/2013 by [REDACTED] provides a summary of the patient's current progress in the different areas of need. Under physical therapy, the patient can recall 3 to 5 exercises for core stabilization and stretching. However, the patient still has difficulty with performing the exercises without cues by the therapist. The patient has intermittent anxiety and panic attack-like symptoms. The OT reports that the patient has poor sequencing and problem-solving skills, but has increased carryover. The speech therapy reports memory recall is 50% accurate, which has decreased, with continued evidence of neurocognitive and emotional deficits requiring supervision in the home and community. The report goes on to state that the patient has decreased safety awareness, decreased level of awareness, decreased problem-solving skills, and impulsivity. The cognitive report shows significant improvement in the areas of language at the 9th percentile and immediate memory at the 16th percentile, although overall cognitive abilities continue to fall into the extremely low range, the 1st percentile. The treater documents that the patient continues to need 24-hour supervision for general safety. In this case, this patient continues to require a skilled-rehabilitation service that can provide professional personnel such as nurses, physical therapist, and occupational or speech therapist. While the patient continues to improve slowly, he continues to need the professional and technical expertise that is only available in a day-treatment program. Recommendation is for medically necessary.