

Case Number:	CM14-0026584		
Date Assigned:	06/13/2014	Date of Injury:	10/06/2012
Decision Date:	08/13/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/03/2014

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 California and Washington. 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 43-year-old male smoker who reported falling off a 20 foot ladder on 10/06/2012. He was diagnosed with multiple fractures of the cervical spine, which were unstable, requiring instrumented fusion; partial ACL and MCL tears of the right knee; residual C6 weakness of the upper left extremity and a skull fracture with loss of consciousness requiring ICU sedation and intubation. A C2-T2 instrumented fusion was performed because of multiple comminuted facet fractures, and the T7 vertebral body had been completely crushed anteriorly. He was unconscious for 1 week and has no memory of the event. In a psychiatric evaluation on 06/21/2013, diagnoses included psychotic disorder due to a general medical condition with delusions, personality change due to a general medical condition, traumatic brain injury, rule out cognitive disorder and severe psychosocial stressors. He had a significant alteration in his ability to work secondary to severe orthopedic and central nervous system difficulties, financial distress, persistent psychiatric symptoms status post injury including irritability, confusion and delusions and a possible traumatic response to ICU treatment (ICU psychosis). A Comprehensive Neuropsychological Evaluation was recommended. On 09/26/2013, he underwent a Comprehensive Neuropsychological Evaluation. His complaints at the time included headaches, rated on a pain scale at a 6/10 and which occurred approximately twice weekly; decreased visual acuity in the right eye; dizziness; dysgeusia; cervical spine pain which increased with movement, traveling down to his shoulder; decreased range of motion of the cervical spine; numbness of his left thumb and index finger; left shoulder pain, which increased with exertion and movement which he rated at an 8/10; bilateral knee pain, greater on the right than on the left; insomnia secondary to pain; nightmares; fatigability; decreased libido; anhedonia; sadness and tearfulness; irritability; anxiety; memory difficulties; emotional lability; decreased concentration; difficulty finding words with tangential thoughts and rigidity of thinking. His medications at that time

included clonazepam 0.5 mg and diclofenac 100 mg. His neuropsychological profile included mild cognitive impairment, low-average intellectual functioning, variable memory (borderline to average), variable executive functions (borderline to high average), impaired fine motor dexterity bilaterally, severe depression, severe anxiety and severe hopelessness. The rationale for the request is noted as being that this injured worker should be seen at [REDACTED] for 8 to 12 weeks as an inpatient to address his behavioral, neurocognitive and physical symptoms; the injured worker needs to have access to the full neurocognitive rehabilitation program at [REDACTED]. A Request for Authorization dated 02/21/2014 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TRANSITIONAL LIVING CENTER DAY TREATMENT PROGRAM FROM 2/24/14 THROUGH 4/04/14, 5 DAYS/WEEK X 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a transitional living center day treatment program from 02/24/2014 through 04/04/2014 for 5 days a week times 6 weeks is non-certified. Regarding multidisciplinary institutional rehabilitation programs, the Official Disability Guidelines refer to them as currently under study. There is insufficient evidence existing to determine the effectiveness of multidisciplinary postacute rehabilitation programs for injured workers with moderate to severe traumatic brain injuries (TBIs). Interventions that could be classified as comprehensive holistic day treatment programs were the most often studied model of care. These interventions are characterized as integrated intensive programs delivered to cohorts of patients focusing on cognitive rehabilitation and social functioning. There was insufficient evidence on the effectiveness of the programs which were studied. There was a low level of evidence that certain interventions were no different than others in terms of productivity outcomes at 1 year post-treatment. There was a low level of evidence that a comprehensive holistic day treatment program resulted in greater productivity, but not improved community integration, than the standard treatment. Therefore, per the evidence-based guidelines, the request for a transitional living center day treatment program from 02/24/2014 through 04/04/2014 for 5 days a week times 6 weeks is non-certified.

TRANSPORTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive therapy for depression.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.