

Case Number:	CM14-0035403		
Date Assigned:	06/23/2014	Date of Injury:	10/06/2012
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/21/2014

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, 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 43-year-old male with date of injury 10/6/12. The claimant suffered severe traumatic brain injury and has ongoing cognitive deficits. Currently, the claimant has been receiving inpatient care in a transitional living center residential inpatient program. The current diagnoses are: 1. Traumatic brain injury sustained secondary to fall. 2. Headaches. 3. Cervical spine pain with active cervical radiculopathy. 4. Numbness and tingling in his left hand diagnosed as carpal tunnel syndrome. 5. Right thumb flexor tendinitis. 6. Right fifth digit foot pain, likely strain. 7. History of right knee pain with a history of meniscal surgery. 8. Dual diagnosis with history of substance abuse still requiring drug testing on passes. The utilization review report dated 2/18/14 denied the request for continued stay: inpatient 28 days and modified the request to seven days indicating that additional certification will require evidence of objective and functional improvement and the need for continued skilled care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED STAY: INPATIENT 28 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Functional restoration programs (FRPs) Page(s): 30-34; 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic pain programs (functional restoration programs).

Decision rationale: The patient presents with continued cognitive deficits in relation to a traumatic brain injury. The patient has received seven (7) days of inpatient care at a transitional living center. The current request is for continued stay inpatient care 28 days. There are extensive reports submitted for review from multiple providers regarding the claimant's medical condition and need for continued supervised neuropsychological intervention. The treating physician report on 2/14/14 states, "There is documentation throughout the weekly summations at the Transitional Living Center that the patient is continuing to make progress. It is my opinion that he remains in the residential brain injury program, continue on a contract, and continue to treat his dual diagnosis, continue close neuropsychological intervention." The MTUS Guidelines support the usage of inpatient pain rehabilitation programs for patients who, "Have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process." However, no specific discussions are provided regarding TBI inpatient rehabilitation. The Official Disability Guidelines (ODG) guidelines support inpatient rehabilitation for traumatic brain injury (TBI) but does not provide guidelines on length of stay. It states, "The individual's use of these resources will be dependent on each person's specific treatment plan." In this case, the treating physician requested an additional 28 days of inpatient care following the initial seven days trial of inpatient care. The utilization review report dated 2/18/14 modified the request from 28 days to an additional 7 days. It was stated in the UR report that additional certification will require evidence of objective and functional improvement and the need for continued skilled care. This recommendation is in accordance with the MTUS and ODG Guidelines. Based on the above, the recommendation is for denial.