

Case Number:	CM14-0071475		
Date Assigned:	07/16/2014	Date of Injury:	08/30/2010
Decision Date:	04/03/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old male, who sustained an industrial injury reported on 4/16/2009. He has reported neck and back pain, with headaches (the hand written PR-2 for 11/5/14 is mostly illegible). The diagnoses were noted to have included cervical and lumbar disc bulge; cervical and lumbar sprain/strain, status-post assault; weight gain; insomnia, temporomandibular joint dysfunction and breathing difficulty (mostly illegible). Treatments to date have included consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker was noted to be back to work. On 12/2/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/20/2014, for chiropractic therapy 2 x a week for 4-6 weeks, for the cervical and lumbar spine; psychology, consultation versus therapy, 2 x a week x 4-6 weeks; temporal-mandibular joint, dental specialist consultation; and ear, nose & throat specialist consultation. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, manual therapy, low back: and the American College of Occupational and Environmental Medicine, chapter 7, specialized evaluations, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treatment in the transitional living center inpatient residential program - PT, OT, ST, NP- Up to 6 hours per day, 5/1 through 5/31/14: Overturned

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 ODG, Head chapter, Interdisciplinary rehab programs.

Decision rationale: Records indicate the patient has been attending this day program since December of 2013 and was last authorized for 1 month at continued care from 4/1/14 through 4/30/14. Records indicate the patient has made gains with participation in the program including improved memory and balance as well as progression with higher level activities such as planning a bus route. The patient has been stable from a cognitive stand point and continued to demonstrate deficits with verbal recall and insight into cognitive limitations. MTUS is silent on this request. ODG shows support for interdisciplinary programs and is recommended as indicated below. Interdisciplinary rehabilitation programs range from comprehensive integrated inpatient rehabilitation to residential or transitional living to home or community-based rehabilitation. All are important and must be directed and/or overseen by a physician, board-certified in physiatry or another specialty, such as neurology or neurosurgery, with additional training in brain injury rehabilitation. All programs should have access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dieticians, therapeutic recreation specialists and others. The individual's use of these resources will be dependent on each person's specific treatment plan. All phases of treatment should involve the individual's family/support system. In this case, it is apparent that the patient continues to display deficits which limit independence. The available medical evidence appears to indicate that the patient continues to make gains in all areas routinely tested, but at this time has not reached a level of independence necessary to be released from the program. As such recommendation is for authorization.