

<b>Case Number:</b>	CM15-0103139		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 30 year old male, who sustained an industrial injury on 10/10/14. He reported acute onset of bilateral wrist after falling 20 feet and landing on concrete. The injured worker was diagnosed as having right hand FDP to index finger and rupture and FPL possible rupture, status post right distal radius ORIF and closed reduction and pinning of right scaphoid lunate ligament tear, right hand median and RSN parasthesia, status post left carpal tunnel release, status post ORIF left distal radius and trans-scaphoid peri-lunate dislocation, retained left wrist pins and left median and RSN nerve paresthesia. Treatment to date has included external fixator of left distal radius fracture, left carpal tunnel release, oral medications including Norco, Neurontin and Gabapentin and 12 sessions of physical therapy. (CT) computerized tomography scans of right and left wrists were performed on 3/4/15. Currently, the injured worker complains of bilateral wrist and elbow pain, left worse than right; symptoms are constant and are aching, throbbing and severe in intensity, he also complains of numbness and tingling in both hands. The symptoms are relieved by heat and medications. He is currently not working. Physical exam noted tenderness to palpation of dorsal wrist, healed incisions of dorsal wrist, weak thumb IP joint flexion and decreased sensation to light touch to the median distribution of right wrist; left wrist exam revealed mild tenderness to palpation on the dorsal wrist, multiple healed pin sites, restricted range of motion of wrist and decreased sensation to light touch to median distribution as well as the radial sensory nerve distribution. A request for authorization was submitted for comprehensive inpatient neuro rehabilitation program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive inpatient neuro rehabilitation program for an initial 30 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Traumatic brain injury.

**Decision rationale:** Pursuant to the Official Disability Guidelines, comprehensive inpatient neurological rehabilitation program for an initial 30 days is not medically necessary. A traumatically induced structural injury and/or physiological disruption of brain function as a result of external force that is indicated by new onset or worsening of at least one of the following clinical signs, immediately following the event: any of loss or decreased level of consciousness; any loss of memory for events; any alteration in mental state; neurologic deficits; intracranial lesion. See the guidelines for additional details and criteria for classification. In this case, the requesting provider's working diagnoses are status post right distal radius ORIF and closed reduction and pinning right scaphoid lunate ligament tear; right-hand FDP to index finger and rupture and FPL possible rupture secondary to #1; right-hand median and RTSN paresthesias; status post left CTR and expert this the radius fracture data service October 11, 2014; status post ORIF left distal radius and trans scaphoid peri-lunate dislocation; retained left wrist pins; and left median and RSN nerve paresthesia. Subjectively, the treating provider discusses the results of CT of the wrist and EMG tests. The injured worker returns with increased constant pain. There is no neurologic evaluation in the progress note. Throughout the medical record, there is no CAT scan or MRI workup involving the head. There is no neurologic evaluation in the medical records indicating neurologic dysfunction. There is documentation in the record (preadmission evaluation report) signed [REDACTED]. There are no clinical notes in the medical record from a treating neurologist with the detailed history and neurological evaluation. There is no physician documentation in the medical record, as noted above, with a CAT scan of the brain, MRI of the brain or other neurologic workup. Consequently, absent clinical documentation with a detailed neurologic history and physical examination with a clinical indication and rationale for an inpatient neurological rehabilitation program, comprehensive inpatient neurological rehabilitation program for an initial 30 days is not medically necessary.