

<b>Case Number:</b>	CM15-0130361		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male, who sustained an industrial injury on 8/14/2003. The mechanism of injury was a fall. The injured worker was diagnosed as having organic brain syndrome from traumatic brain injury, total hip arthroplasty with bilateral hip pain and low back pain, difficulty walking, cognitive disorder and mood disorder. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care, acupuncture, physical therapy and medication management. In a progress note dated 6/12/2015, the injured worker complains of low back and hip pain, rated 7/10. Physical examination showed some cervical tenderness, stooped gait with poor ability to advance his left leg, poor short-term memory and poor processing of information. The treating physician is requesting [REDACTED], 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED], 4 weeks: Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Hip & Pelvis Chapter, Skilled nursing facility (SNF) and Knee & Leg Chapter, Skilled nursing facility LOS (SNF).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Interdisciplinary rehabilitation programs (TBI).

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 2003. He was treated for avascular necrosis and underwent a left total hip replacement. When seen, he had sustained another injury in which he was struck by a car. He was having left-sided pain when ambulating. Pain was rated at 7/10. He was now using a walker. He was noted to be living in a board and care facility. He had a stiff gait and was using a walker. He had difficulty advancing his left lower extremity and had a Trendelenberg gait. He had decreased bilateral lower extremity strength. He had a euthymic mood. His thought process is referenced as the nonlinear and tangential with poor short-term memory and information processing. Criteria for admission to a transitional living program include that the patient requires neurobehavioral treatment for moderate to severe deficits or has moderate to severe cognitive deficits. In this case, the claimant is currently functioning independently in a board and care facility. Although he has a diagnosis of organic brain syndrome and has cognitive deficits, there is no reason to think that he would be unable to participate in outpatient treatments. This request for admission to a transitional living program is not medically necessary.