

Case Number:	CM15-0140283		
Date Assigned:	07/30/2015	Date of Injury:	05/15/2010
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 41 year old male who reported an industrial injury on 5-15-2010. His diagnoses, and or impression, were noted to include: head trauma and cerebral concussion with head and brain injury and loss of consciousness; post-concussive confusion, retrograde amnesia, headaches, neck pain, light-headedness, gait disturbance, and problems with balance; concussion syndrome; and major depressive disorder. No current imaging studies were noted. His treatments were noted to include neurological examination; neuro-psychological studies and psychiatric assistance; medication management; and rest from work. The panel qualified medical evaluation supplemental report of 6/23/2015 noted several DVD recordings of his, improved, activities in Feb 2013, January 2014, and March 2014. The [REDACTED] Summary notes of 6/24/2015 determined that he would be an appropriate candidate to benefit from the [REDACTED] Rehabilitation program for assessment and treatment by multiple modalities, for specific skills training and development. Objective findings were noted to include multiple issues and deficits. The specific requests for treatment were noted to include admission into [REDACTED] Rehabilitation Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **rehabilitation program seven days weekly for ninety 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interdisciplinary rehabilitation programs (TBI) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Interdisciplinary rehabilitation programs range from comprehensive integrated inpatient rehabilitation to residential or transitional living to home or community-based rehabilitation. Criteria for Interdisciplinary brain injury rehabilitation programs (post-acute care): Residential Transitional Rehabilitation (i.e., inpatient): Treatment is provided under medical prescription by a Psychiatrist, Neurologist or other physician with brain injury experience; & Provide services that are within the scope of services provided under a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited rehabilitation program for brain injury or another nationally recognized accredited rehabilitation program for brain injury; & Patient able to benefit from intensive therapy (equal to or greater than 4 hours per day, 5 to 7 days per week), & at least one of the following: Patient requires neurobehavioral treatment for moderate to severe deficits, or Patient demonstrates moderate to severe cognitive dysfunction, or Patient requires treatment from multiple rehabilitation disciplines, or Patient is medically complex, requiring physician or nursing interventions and up to 24 hour nursing, or Patient will benefit from combination therapies, or Patient is unsafe, or Patient diagnosed with severe post concussion syndrome, or Patient is unable to feed orally, or Family is unable to provide for patients level of care while participating in rehabilitation, & Care provided is NOT custodial care, but is focused on recovery and progress is demonstrated. The patient developed a traumatic brain injury with significant cognitive dysfunction, memory issues and safety issue. He may benefit from a multidisciplinary neuro rehabilitation program. However, per guidelines, the duration of the program should not exceed 2 to 4 weeks without evaluation of the program efficacy as well goals and objectives. The provider requested 90 days of neuro rehabilitation program exceeding the maximum sessions allowed by the guidelines. Therefore, the request for [REDACTED] rehabilitation program seven days weekly for ninety days is not medically necessary.