

Case Number:	CM15-0144936		
Date Assigned:	08/05/2015	Date of Injury:	11/09/2011
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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

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 45 year old male who sustained an industrial/work injury on 11-9-11. He reported an initial complaint of head, neck, spine, and left shoulder pain. The injured worker was diagnosed as having cognitive disorder status post traumatic closed brain injury with concussion, chronic neck and back pain, rule out lumbar radiculopathy, left shoulder impingement depression, anxiety, and OSA (obstructive sleep apnea). Treatment to date includes medication, diagnostics, neurology evaluation, and diagnostics. Currently, the injured worker complained of headaches, severe short term memory loss, insomnia, increased depression, and anxiety. Per the primary physician's comprehensive neurological report (PR-2) on 7-6-15, exam noted slight tenderness in the lumbar spinous processes and paraspinal muscles, slight spasm, tender sciatic notches, slight pain on all motion maneuvers, limitations with range of motion, antalgic gait, and deep tendon reflexes at 2-4 out of 5. Memory and attention are impaired as well as recall, left slight hemiparesis, and hyperreflexia. The requested treatments include outpatient rehab 8 hours/day, 7 days/week for 4 months including Physical Therapy, Occupational Therapy, Speech Therapy and Counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Rehab 8 hours/day, 7days/week for 4 months including Physical Therapy, Occupational Therapy, Speech Therapy and Counseling (total 6720 hours): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter (online version), Multidisciplinary institutional rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Interdisciplinary rehabilitation programs (TBI).

Decision rationale: The patient presents on 07/06/15 with headaches, severe short-term memory loss, insomnia, snoring, depression, and anxiety. The patient's date of injury is 11/09/11. Patient has no documented surgical history directed at this complaint. The request is for outpatient rehab 8 hours/day, 7 days/week for 4 months including physical therapy, occupational therapy, speech therapy, and counseling (total 6720 hours). The RFA is dated 07/07/15. Physical examination dated 07/06/15 reveals tenderness to palpation of the cervical spinous process, spasms and tenderness in the paravertebral muscles, trapezii, and sternocleidomastoid muscles. Neurological examination reveals elevated Epworth sleepiness scale (a score of 16), and elevated fatigue severity scale (a score of 43), and deep tendon reflexes rated 2-4/5. Comprehensive cognitive and neurological examination is otherwise unremarkable. The patient is currently prescribed Nortriptyline, Celebrex, Zolpidem, and Torpiramate. Diagnostic imaging was not included. Patient's current work status is not provided. ODG Head Chapter, under Interdisciplinary rehabilitation programs (TBI) has the following: "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 psychiatry 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-Day Treatment: 1.) Total treatment duration should generally range up to 4 to 6 months; 2.) If treatment duration in excess of 6 months is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided; 3.) Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility; 4.) At the conclusion and subsequently, re-enrollment in repetition of the same or similar rehabilitation program only if medically warranted for the same condition or injury or exacerbation of injury; 5.) Suggestions for treatment post-program should be well documented and provided to the referral physician; the patient may require time-limited, less intensive post-treatment with the program itself; 6.) Defined goals for these interventions and planned duration should be specified." In regard to four months participation in a comprehensive interdisciplinary rehabilitation program, the request is appropriate. Progress note dated 07/06/15 provides a comprehensive history of this patient's neurological complaints following a traumatic brain injury, namely: "Mini-mental state examination MMSE, [REDACTED] scored 23/30, suggesting a mild cognitive impairment 09/08/14-09/22/14 initial conference summary done by the [REDACTED], it is noted

that [REDACTED] visual perception was significantly impaired and could impact his safety in the community 05/15/15 Polysomnogram study, performed in my sleep lab confirmed severe obstructive sleep apnea." Official disability guidelines support attendance of such programs in patient's whose condition requires a comprehensive interdisciplinary approach. This patient presents approximately 4 years following traumatic brain injury, with significant and potentially life-threatening cognitive deficits such as visual disturbances, severe amnesia, and severe sleep apnea. The documentation provided satisfies ODG criteria in that it is apparent that this patient could benefit from comprehensive rehab, the treater specifies an appropriate duration of therapy, and provides defined goals and objectives-specifically cognitive, visual, speech, and motor improvements. Therefore, the request IS medically necessary.