

<b>Case Number:</b>	CM15-0181542		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 41 year old male, who sustained an industrial injury on 10-22-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for traumatic brain injury, facial fractures, subdural and subarachnoid hemorrhages, left orbit fracture, left tibia fracture, headaches, gastrointestinal (GI) upset, depression, and behavior and emotional problems. Medical records (04-28-2015 to 07-15-2015) indicate ongoing behavioral and emotional issues, GI upset, and improvement in headache pain. Headache pain levels were decreased from 7 out of 10 on a visual analog scale (VAS) to 3 out of 10. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-15-2015, reported decreased pain level and continued eye pain. On 07-07-2015, the IW presented as distraught, tearful and upset. I was also noted that the injured worker had been admitted for a psych evaluation after threatening his family. Relevant treatments have included previous surgeries and therapies (not recent), psychiatric and psychological treatments, work restrictions, and medications. The request for authorization (07-21-2015) shows that the following service was requested: a comprehensive inpatient neuro-rehabilitation treatment with physical therapy, occupational therapy, speech therapy, education therapy, nursing, counseling, behavior management and PM&R Qty: 1.00. The original utilization review (08-31-2015) non-certified the request for a comprehensive inpatient neuro-rehabilitation treatment with physical therapy, occupational therapy, speech therapy, education therapy, nursing, counseling, behavior management and PM&R Qty: 1.00.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive inpatient neurorehabilitation treatment with physical therapy, occupational therapy, speech therapy, education therapy, nursing, counseling, behavior management and PM&R Qty: 1.00 (per 7/21/2015 order): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Speech therapy (ST), skilled nursing facility (SNF) care. Official Disability Guidelines (ODG) Mental Illness & Stress - Office visits Official Disability Guidelines (ODG) Cognitive behavioral therapy (CBT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, physical therapy, speech therapy, CBT, education.

**Decision rationale:** Pursuant to the Official Disability Guidelines, comprehensive inpatient neuro-rehabilitation treatment with physical therapy, occupational therapy, speech therapy, educational therapy, nursing, counseling, behavioral management with PM&R #1 per July 21, 2015 order is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, for certain antibiotics require close monitoring. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Speech therapy is indicated for diagnoses of a speech, hearing or language disorder resulting from injury, trauma or medically based illness or disease. Treatment beyond 30 visits requires authorization. Ongoing education of the patient and family, as well as employer, insurer and policymakers and community should be the primary emphasis in the treatment of chronic pain. Skilled nursing is recommended, if necessary, after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. In this case, the injured worker's working diagnoses are traumatic brain injury; LeFort III facial fracture status post open reduction internal fixation; left orbital fracture; history carotid canal fracture with no evidence of carotid injury; fractured left lateral malleolus, left talus and left tibia; history hypophosphatemia and hypokalemia; posttraumatic stress disorder; and major depressive disorder. The treatment plan on discharge was to provide sustained an intensive inpatient neurological rehabilitation programming. According to a preadmission evaluation report dated July 21, 2015, the injured worker complained of photophobia, double vision, left lower extremity pain, headache, low back pain, upper extremity numbness, impaired disturbance, visual

disturbance, auditory sensitivity, impaired attention, recall and receptive and expressive language, anxiety, depression, decreased anger control, angry outbursts, property destruction and decreased frustration tolerance. On examination the injured worker had impaired attention and concentration, memory, problem solving, processing speed, receptive and expressive language and pragmatics. The treatment plan included consultations with a neurologist and psychiatrist. Other medical specialty needs are to be identified by medical and nursing staff and referrals made as deemed necessary to maintain optimum health. Given the current state of the injured worker, a comprehensive inpatient neuro-rehabilitation treatment program with physical therapy, occupational therapy, speech therapy, education, nursing, etc. is clinically indicated for seven days to provide proper brain injury management (all according to the utilization review). The documentation does not indicate the number of sessions included in the rehab program. Consequently, absent clinical documentation with a request for a specific number of sessions, comprehensive inpatient neuro-rehabilitation treatment is not indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation with a specific number of sessions requested, comprehensive inpatient neuro-rehabilitation treatment with physical therapy, occupational therapy, speech therapy, educational therapy, nursing, counseling, behavioral management with PM&R #1 per July 21, 2015 order is not medically necessary.