

Case Number:	CM15-0023831		
Date Assigned:	02/13/2015	Date of Injury:	01/17/2013
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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, 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 59 year old male, who sustained a work related injury on 1/17/13 due to motor vehicle accident while driving to work sustaining multiple major trauma. He has reported symptoms of bilateral shoulder pain increased with movement, bilateral lower extremity pain, and pain on left lateral knee. Other symptoms includes decreased memory, impaired concentration, decreased energy, blurred vision, dizziness, headaches, hearing loss, neck pain , and urinary incontinence. Surgeries included bilateral open intra-condylar femur fractures, left open both bone forearm fracture, right both bone forearm fracture closed, right intra-articular distal radius fracture and compartment syndrome of upper extremity with right humeral fracture closed with open reduction internal fixation (ORIF) of right both forearm fractures and right intra-articular distal radius fracture, left humerus fasciotomy of left arm with decompression of compartment syndrome, carpal tunnel release of the right side, open reduction internal fixation (ORIF) of the left intra-condylar femur fracture and close treatment with manipulation and application of external fixation of right intercondylar femur fracture and decompressive fasciotomy of the right hand. On 1/25/13 the IW underwent incision and drainage of skin muscle and fascia with wound VAC and partial closure of fascia and open wounds and s/p cricoideotomy and tracheostomy. T11 and L5 fracture, s/p thoraco-lumbar-sacral orthosis brace for three months. Discharge was on 5/8/13. Follow up included right elbow adhesion release on 6/24/14. The diagnoses have included chronic pain due to trauma. Treatments to date included neuropsychology, wound care, medication, orthopedic care and internal medicine. Medications included Hydrocodone, Metformin, Centrum Silver, Calcium, and Indomethacin ER. Physical

exam reported improved antalgic gait, with left leg discrepancy (right being shorter), decreased right shoulder and right elbow range of motion, right shoulder range of motion with end range pain, left ulnar styloid with hardware protuberance, decreased sensation to over right dorsum of hand. Plan was for a transitional Living Program for comprehensive management of issues. A physician Neuro Rehabilitation progress report dated July 28, 2014 states that the patient is independent with all activities of daily living with the exception of donning his shirt due to range of motion limitations. On 1/19/15, Utilization Review non-certified a Transitional Living Program (TLC) Day Treatment Program 5 days a week for 12 weeks, noting the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transitional Living Program (TLC) Day Treatment Program 5 days a week for 12 weeks:
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 ODG Head Chapter, Interdisciplinary rehabilitation programs (TBI)

Decision rationale: California MTUS does not contain criteria for transitional living programs. ODG states that interdisciplinary brain injury rehabilitation programs are recommended. For inpatient and outpatient transitional rehabilitation, treatment must be provided by physiatrist, neurologist, or other physician with brain injury experience. Additionally, the patient must be able to benefit from intensive therapy greater than or equal to 4 hours per day 5 to 7 days per week. Guidelines also state that no longer than 2-4 weeks are recommended without evidence of significant demonstrated efficacy as documented by subjective and objective gains. Within the documentation available for review, it is unclear that the patient would be able to benefit from intensive therapy greater than or equal to 4 hours per day for 5-7 days per week. Additionally, the duration currently requested exceeds the 2-4 weeks recommended by guidelines. Treatment beyond 2-4 weeks is only supported with evidence of demonstrated efficacy with subjective and objective gains. As such, the currently requested Transitional Living Program x12 weeks is not medically necessary.