

Case Number:	CM15-0027303		
Date Assigned:	03/02/2015	Date of Injury:	02/07/2014
Decision Date:	04/17/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 42-year-old male who sustained an industrial injury on 02/07/2014. He has been receiving care at home from a rehabilitation company for physical therapy, speech therapy and occupational therapy. Subjectively the IW complains of anxiety, nightmares, pain in the head/neck and right groin and right calf. He has dizziness and decreased balance and a sensation of electricity in the right lower extremity. Diagnoses include traumatic brain injury with problems of cognitive, balance, organization and activities of daily living, depression, and post-traumatic stress disorder. Treatments to date include arthroscopic debridement of the right hip (10/23/2014), and home treatment with a home rehabilitation service. A progress note from the treating provider dated 01/22/2015 indicates the IW remains confused, dejected and despondent. He had arthroscopic debridement of his right hip in October 2014. He continues to suffer with head pain, requires assistance in organization and struggles with impulse control and frustration. He continues to struggle with panic attacks. His sleep cycle is disturbed, and he often feels tired, sleepy and groggy in the daytime. Treatment includes home rehabilitation services and a service dog. On 01/06/2015, the IW was seen by his provider and started on a trial of gabapentin for neck/head/groin pain, and a trial of Risperdal for depression, paranoia and extension of treatment for obsessive compulsive disease presentation. On 01/12/2015 Utilization Review non-certified a request for Continue PCA/ [REDACTED] 5 hours/day for the month of February 2015. The MTUS, ACOEM Guidelines were cited. On 01/12/2015 Utilization Review partially certified a request for [REDACTED] (Physical/Occupational/SLP) 19 hours/week x 4 weeks. The Official Disability Guidelines

(ODG); Interdisciplinary Rehabilitation Programs were cited. On 01/12/2015 Utilization Review partially certified a request for Risperdal 1mg #30 with 2 refills The Official Disability Guidelines (ODG) TWC; Mental Illness & Stress Procedure Summary (Updated 11/19/14), and MD Consult Drug Monograph (updated 4/25/12) Resdone (Risperidone) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Rehabilitation Without Walls (Physical/Occupational/SLP) 19 hours/week x 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Interdisciplinary Rehabilitation Programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Comprehensive Rehabilitation Programs.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG, comprehensive rehabilitation programs are indicated in patients with brain injuries that cause physical and mental deficits that may need rehabilitation to facilitate recovery. The provided clinical documentation meets these standards and the service should be certified.

Continue PCA [REDACTED] 5 hours/day for the month of February 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health Page(s): 51.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services: Recommended only for otherwise recommended medical treatment for patients who are Home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed (CMS, 2004). Home health services are recommended for patients who are home bound. The patient is not home bound nor does the services mentioned for home health in the documentation meet criteria as set forth above. Therefore, the request is not certified.

Risperdal 1mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC;

Mental Illness & Stress Procedure Summary (Updated 11/19/14), and MD Consult Drug Monograph (updated 4/25/12) Resdone (Risperidone).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. Per the physician desk reference, the requested medication is used in schizophrenia and psychosis. The patient does have psychosis from a head injury and thus the medication is medically warranted.