

Case Number:	CM15-0029443		
Date Assigned:	02/23/2015	Date of Injury:	11/08/2014
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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 44 year old male, who sustained an industrial injury on November 8, 2014. He has reported shoulder pain, eating difficulties, hip weakness, rib pain, dizziness, headache, a decreased hearing in the left ear. The diagnoses have included subarachnoid hemorrhage, subdural hematoma, rib fracture, post-concussive encephalopathy, and left acromioclavicular joint disruption. Treatment to date has included therapies and rehabilitation. A progress note dated January 13, 2015 indicates a chief complaint of dizziness, hearing loss, left shoulder pain, hip weakness, and headache. Physical examination showed left shoulder acromioclavicular joint separation with guarded range of motion in the bilateral shoulders. The treating physician is requesting community-home traumatic brain injury rehabilitation for sixty days. On January 29, 2015, Utilization Review denied the request citing the Official Disability Guidelines. The utilization reviewer modified the request from 60 days to 7 days. On February 17, 2015, the injured worker submitted an application for IMR of a request for community home traumatic brain injury rehabilitation for sixty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Community-home traumatic brain injury rehabilitation, 60 days: 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) 13th Edition (web) 2015, Head, Cognitive Skills Training.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Brain injury rehabilitation in adults. A national clinical guideline." National Guideline Clearinghouse. Anthem Blue Cross Guidelines, http://www.anthem.com/medicalpolicies/guidelines/gl_pw_a051177.htm.

Decision rationale: Regarding the request for TBI rehabilitation in a specialized community home, California MTUS, ACOEM, and ODG do not contain criteria for this request. Anthem includes criteria for inpatient rehabilitation services. They state that acute inpatient rehabilitation is required when an individual's medical status is such that the intensity of services required could not reasonably be provided in an alternative setting (subacute facility or outpatient rehabilitation department). Within the documentation available for review, there is documentation of continued deficits in multiple aspects of memory, executive function, and functional abilities to perform ADLs, dizziness, hearing loss, ambulation, and orthopedic pain in the left shoulder. The patient has had a course of inpatient rehabilitation after his injury, but continues to have significant deficits. The breadth of these deficits are best addressed at this time in an inpatient, structure setting, since TBI patient often need this type of structure and multi-disciplinary care. This request is medically necessary. Note that there should be periodic assessment of progress every 2 weeks and that continuation of this program should be contingent on progress being made.