MAXIMUS Federal Services

Case Number:	CM15-0211787		
Date Assigned:	10/30/2015	Date of Injury:	03/25/2015
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/28/2015

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: Preventive Medicine, Occupational 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 52-year-old male who sustained an industrial fall from a ladder injury with loss of consciousness and brain trauma on 03-25-2015. A massive midline shift and hematoma were documented. The injured worker underwent a right frontal temporal parietal craniotomy with excision of an epidural hematoma and placement of epidural drains on 03-26-2015. A review of the medical records indicated that the injured worker is undergoing treatment for traumatic brain injury with left sided weakness and impaired cognitive function. According to the treating physician's progress report on 09-01-2015, the injured worker continues to experience headaches, fatigue, occasional dizziness, decreased auditory acuity and memory loss. The injured worker continues to have left shoulder pain, decreased range of motion and decreased strength. Examination demonstrated muscle tension and tenderness along the occipital area, base of the skull and the upper trapezius. There was slight tenderness to palpation in the temporal areas. The injured worker is attentive, engages in conversation with a somewhat flat affect and fair mood. Speech is fluent. Motor and verbal response times were not significantly delayed. Motor strength in the bilateral upper and lower extremities was intact. Sensation to light touch was intact in all extremities. Hypertonicity was negative with range of motion with positive Hoffman's on the left. Regular heel, tandem and toe gait were intact without deviations and the injured worker ambulates without the use of assistive devices. Left shoulder range of motion was full with discomfort at the deltoid region with motion. Neer's and Hawkin's were negative. Brain magnetic resonance imaging (MRI) performed on 07-28-2015 with official report was included in the review. Prior treatments have included diagnostic testing, surgery, in-patient

rehabilitation services for 8 days, occupational therapy, physical therapy, vestibular program, speech pathology, bladder training, home exercise program, re-entry program testing and admission on 04-20-2015, adaptive driving evaluation and medications. Current medications were listed as Tramadol and Tylenol. Treatment plan consists of transitional neuro-rehabilitation support with community re-integration, vocational goal setting, psychotherapy for mood and cognition assessment, ongoing pain management for headaches and shoulder pain, urology management, neurosurgical follow-up, auditory evaluation with ENT specialist, vision evaluation with neuro-optometry and the current request for evaluation for a day treatment program. On 10-06-2015, the Utilization Review determined the request for evaluation for a day treatment program was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation for Day Treatment Program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

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

Decision rationale: The CA MTUS Guidelines do not address the use of a day treatment program for post-acute management of traumatic brain injuries. ODG recommends the use of interdisciplinary rehabilitation programs following traumatic brain injury. 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 physiatry 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. All phases of treatment should involve the individual's family/support system. The criteria for a day treatment program includes: Treatment is provided under medical prescription by a Physiatrist, Neurologist or other physician with brain injury experience, and provide services that are within the scope of services provided under CARF as a brain injury rehabilitation program, and patient able to benefit from intensive therapy (equal to or greater than 4 hours per day, 5 days per week), & at least one of the following: 1) Patient requires neurobehavioral treatment for mild behavioral deficits, or 2) Patient demonstrates moderate to severe cognitive dysfunction, or 3) Patient requires treatment from multiple rehabilitation disciplines, or 4) Patient diagnosed with mild to moderate post- concussion syndrome, or 5) Patient is unable to feed orally, and care provided is NOT custodial care, but is focused on recovery and progress is demonstrated. The patient ambulates 50 feet with supervision. Review of the medical records indicates that a day treatment program may be appropriate and necessary for this injured worker. Therefore, the request is medically necessary.