

Case Number:	CM15-0216545		
Date Assigned:	11/06/2015	Date of Injury:	10/01/2013
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 40 year old male who sustained an industrial injury 10-01-13. A review of the medical records reveals the injured worker is undergoing treatment for traumatic intracranial hemorrhage, thoracic vertebral fracture, right multiple rib fractures, posttraumatic headache, tremor, and dizziness. Medical records (09-28-15) reveal the injured worker complains of episodic seizures, headache, dizziness-vertigo, and low back and right elbow pain, rated at 4/10. The physical exam (09-28-15) reveals tenderness to palpation in the right elbow, and lumbar spine, and he ambulates with a front wheeled walker. Prior treatment includes medications. The original utilization review (10-12-15) non certified the request for a [REDACTED] [REDACTED] evaluation for the rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **evaluation, rehab program:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Rehabilitation.

Decision rationale: Guidelines state that rehabilitation programs are indicated in patients with brain injuries that cause physical and mental deficits that may need rehabilitation to facilitate recovery. In this case, the patient has been deemed to achieved maximum medical improvement by a QME and released to the labor market with restrictions. There is no specific documentation of new or worsening functional limitations. The request for [REDACTED] Eval for rehab program is not medically necessary and appropriate.