

<b>Case Number:</b>	CM15-0218242		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: 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 54 year old male with an industrial injury date of 03-25-2010. Medical record review indicates he is being treated for spinal cord injury, neurogenic bowel, neurogenic bladder, back spasm and depression with suicidal ideations. The injured worker had a history of prior suicidal attempt on 08-29-2011. Team conference notes dated 08-03-2015 noted the injured worker had an incomplete cervical 6 spinal cord injury secondary to his industrial injury. The treating physician noted the injured worker continued to require visits with the urologists for nocturnal incontinence and daily incontinence on a weekly basis. The treating physician also noted the injured worker required 1 to 1 supervision as a complication of his injury and chronic depression and suicidality. Other documentation noted the injured worker was chronically depressed and required continued length of stay at transitional living center for structured supported living. The treating physician noted the injured worker had "multiple falls" out of his wheel chair. Current limitations are listed as decreased home, driving, bed mobility, ambulation and wheel chair skills. Other limitations included weakness in lower extremities, pain, impaired endurance, impaired balance, impaired strength, decreased bowel and bladder control, decreased emotional adjustment, emotional liability, anxiety, depression and impaired adjustment to disability and disease. Occupational therapy note 08-03-2015 noted the injured worker was able to perform most activities at a moderate independent level however constant supervision was needed as the injured worker displayed difficulty maintaining alertness, poor attention and episodes of falling asleep during therapies. Case management report noted the injured worker would require a safe discharge location with 1 to 1 attendant care secondary to his suicidality. 10-07-2015 the request for 30 days participation in a transitional living center residential program post-acute physical rehabilitation with one-on-one supervision (24 hours a day) was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Days participation in a transitional living center residential program post-acute physical rehabilitation with one-on-one supervision (24 hours a day):** 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), Head, Interdisciplinary rehabilitation programs (TBI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

**Decision rationale:** The requested 30 Days participation in a transitional living center residential program post-acute physical rehabilitation with one-on-one supervision (24 hours a day), is medically necessary. CA MTUS and ODG are silent on this specific issue. CA MTUS Chronic Pain Medical Treatment Guidelines, pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved". The treating physician has documented that the injured worker had "multiple falls" out of his wheel chair. Current limitations are listed as decreased home, driving, bed mobility, ambulation and wheel chair skills. Other limitations included weakness in lower extremities, pain, impaired endurance, impaired balance, impaired strength, decreased bowel and bladder control, decreased emotional adjustment, emotional liability, anxiety, depression and impaired adjustment to disability and disease. Occupational therapy note 08-03-2015 noted the injured worker was able to perform most activities at a moderate independent level however constant supervision was needed as the injured worker displayed difficulty maintaining alertness, poor attention and episodes of falling asleep during therapies. Case management report noted the injured worker would require a safe discharge location with 1 to 1 attendant care secondary to his suicidality. The treating physician has sufficiently documented the medical necessity for this transitional treatment program. The criteria noted above having been met, 30 Days participation in a transitional living center residential program post-acute physical rehabilitation with one-on- one supervision (24 hours a day) is medically necessary.