

<b>Case Number:</b>	CM15-0050971		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injury on 02/18/11. Initial complaints are not available. Initial diagnoses include traumatic brain injury. Treatments to date include a residential treatment facility. Diagnostic studies include MRIs, MRA, EEGs, medications, and multiple consultations. Current complaints include the need for multiple complex medical therapies, as well as supervision. In a progress note dated 11/03/14 the treating provider reports the plan of care includes medications, consultations, dietary assistance, and medical management provided in a residential care treatment facility. The requested treatment is a residential treatment facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Residential Treatment for Traumatic Brain Injury (retrospective 11/4/14 - 12/18/14):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (2015 Online): Continued Stay and Residential Transitional Rehabilitation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interdisciplinary rehabilitation programs (TBI). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Criteria for Interdisciplinary brain injury rehabilitation programs (post acute care): Admission (applies to moderate and severe TBI): GCS level from 3 to 12 in the initial 24 hrs, severe at 3-7 GCS and moderate at 8-12 GCS, with moderate TBI generally including loss of consciousness > 30 min, loss of memory > 1 day, altered MS > 1 day, &/or structural changes on CT or MRI (while the initial GCS score is usually used to determine severity, there are a minority of patients whose GCS scores will deteriorate within the first 24 to 48 hours, & some injuries can progress over a few weeks, as in the case of a slow, subdural bleed); Mobility and functional activity limitations, including vestibular (balance and coordination) problems; Able to tolerate comprehensive rehab program 3-4 hours/day, 5 days/week; Has potential to follow visual or verbal commands and agree to actively participate; Purposeful response or voluntary movement to external stimuli; Able to sit supported 1 hour/day; Preadmission assessment documented by licensed clinician including a proposed treatment plan indicating; Diagnoses; Short/long term goals (specific, quantified, objective) and estimated time to achieve goals; Specific projected treatments, duration, intensity; Careful attention to transition of care [exchange of info, review of meds and procedures and early discharge planning] from hospital to residential transitional rehabilitation facilities to prevent repeat hospitalizations. Day Treatment (i.e., outpatient): Treatment is provided under medical prescription by a Psychiatrist, Neurologist or other physician with brain injury experience, Provide services that are within the scope of services provided under CARF as a brain injury rehabilitation program, 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: Patient requires neurobehavioral treatment for mild behavioral deficits, or Patient demonstrates moderate to severe cognitive dysfunction, or Patient requires treatment from multiple rehabilitation disciplines, or Patient diagnosed with mild to moderate postconcussion syndrome, or Patient is unable to feed orally, Care provided is NOT custodial care, but is focused on recovery and progress is demonstrated. Patient ambulates 50 feet with supervision. Continued Stay: Ongoing comprehensive rehab program with at least 3 disciplines and 4 hours/day, 5 days/week; Measurable progress documented toward pre-established goals with gains sustained; Mental status change and neurological assessment ongoing; Neurologic change and neurological assessment ongoing; Pain management addressed; No longer than 2-4 weeks without evidence of significant demonstrated efficacy as documented by subjective and objective gains. However, it is also not suggested that a continuous course of treatment be interrupted solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis. Interdisciplinary summary reports that include treatment goals and progress assessment with objective measures, must be made available upon request at least on a bi-weekly basis during the course of the treatment program. Residential Transitional Rehabilitation: Target LOS up to 60-120 days for patients with moderate to severe injuries; Longer end of range depending on acute LOS (with contracted IRF LOS now below 14 days, and trending toward 10, greater levels of disability are presented at admission to residential transitional rehabilitation, requiring longer transitional rehabilitation LOS); Progress review every 2 to 4 weeks; Program continuation dependent upon demonstrated progress; Residential

transitional rehabilitation LOS that extends to vocational return may be longer; LOS for patients admitted to residential transitional rehabilitation for late rehabilitation may be longer, ranging between 180 to 240 days. Discharge: Home environment safe and accessible; Patient or caregiver demonstrate ability to manage transfers or functional mobility (e.g., ambulation, wheelchair), ADLs; Comprehensive written discharge and teaching instructions reviewed. There is no documentation that the patient brain injury required a rehabilitation program. The patient residential stay cannot exceed 240 days. The patient was enrolled in this rehabilitation program since at least April 10 2014 and this program would complete the 240 days before the date of the request. There is no justification for an extension of the duration of the rehabilitation program. Therefore, the request is not medically necessary.