

Case Number:	CM14-0147777		
Date Assigned:	09/15/2014	Date of Injury:	02/24/2012
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male with a reported date of injury on 02/24/2012. The mechanism of injury was noted to be secondary to a motor vehicle accident versus pedestrian accident. His diagnoses were noted to include traumatic brain injury, a small punctate hematoma of the left temporal lobe, subdural hematoma of the right mid cranial fossa, probable basilar skull fracture, right carotid foramina fracture, right zygomatic fracture, right lateral orbital wall fracture, bilateral LeFort fractures, comminuted fracture of the left mid humeral shaft, and left humeral head displaced fracture. His previous treatments were noted to include a neuro rehabilitation program. The preadmission evaluation report dated 04/02/2012 revealed low back pain and pain in several ribs on the left side, chest pain, left posterior shoulder pain, and dizziness. The injured worker indicated he had bilateral hearing loss, increased difficulty maintaining attention, difficulty recalling conversations, difficulty recalling events from 1 day to the next, and difficulties with processing and retaining lengthy pieces of information. The physical examination revealed decreased muscle tone and range of motion to the left upper extremity and some depression and increased frustration with limitations. The Request for Authorization form was not submitted within the medical records. The request was for supported living program 2 times a month for 1 month for occupational therapy (2 visits), physical therapy (2 visits), and counseling (2 visits); however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supported living program 2x/month for 1 month for occupational therapy (2 visits), physical therapy (2 visits), and counseling (2 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Multidisciplinary Institutional Rehabilitation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

Decision rationale: The request for supported living program 2 times a month for 1 month for occupational therapy (2 visits), physical therapy (2 visits), and counseling (2 visits) is not medically necessary. The injured worker had an evaluation with a neuro rehabilitation program performed in 2012. The California Chronic Pain Medical Treatment Guidelines recommend chronic pain programs where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk for delayed recovery. The patient should also be motivated to improve and return to work and meet the patient selection criteria. While recommended, the research remains ongoing as to what is considered the "gold standard" content for treatment such as the group of patients that benefit most from this treatment, the ideal timing of when to initiate treatment, the intensity necessary for effective treatment, and cost effectiveness. The Guidelines predictor of success and failure involves variables that have been found to have negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs such as a negative relationship with the employer/supervisor, poor work adjustment satisfaction, a negative outlook about the future employment, high levels of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of pre-referral disability time, prevalence of opioid use, and pretreatment levels of pain. The Guidelines criteria for the general use of multidisciplinary pain programs were noted to include an adequate and thorough evaluation had been made, including baseline functional testing so the follow-up with the same test can note functional improvement; previous methods of treating chronic pain had been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient had a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change and is willing to forgo secondary gains, including disability payments, to effect this change; and negative predictors of success have been addressed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation provided was an evaluation performed for a neurovascular rehabilitation program 2 months after the injured worker's injury. There was not a recent, adequate, complete assessment submitted within the medical records. Therefore, the request is not medically necessary.