

<b>Case Number:</b>	CM14-0204599		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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 27 year old male who sustained an industrial injury on 05/12/2014. Diagnoses include depressed multiple comminuted skull fracture, traumatic brain injury, intracranial hemorrhage, status post cranioplasty with auto graft, excision intra and extra cranial decompression, contusion of both lungs, multiple rib fractures, migraines, diplopia, depression, anxiety, irritability, and anger and speech dysfluency. Treatment to date has included diagnostic studies, surgery, inpatient rehabilitation, comprehensive neuro rehabilitation, day treatment rehabilitation, couples therapy and continues with psyche support. A physician progress note dated 10/08/2014 documents the injured worker has impaired cognition but feels therapy is helping. Headaches and migraines are better with Botox. He has a continued altered mood with anxiety, depression and anger. He has residual higher level cognitive deficiencies and mood and behavior alterations. Diplopia occurs at night and when tired. He complains of lumbar back pain. His functional status is overall supervised. He is scheduled for cranioplasty and biopsy of lytic lesion on 10/13/2014. He is noted to have post-operative complications and is not able to take part in any active rehabilitation at the time of the request. Treatment plan is to continue TLC day program, but okay to hold while recuperating from surgery, continuation with Transcutaneous Electrical Nerve Stimulation Unit for low back pain, medical and cardiac clearance prior to surgery, preoperative labs, chest x ray, EKG, and follow up care. Treatment requested is for Physical Rehabilitation at an Outpatient Transitional Living Center Day Treatment Program with PT, OT, ST, NP and transportation as needed, 5 days per week from 11/03/14-11/28/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Rehabilitation at an Outpatient Transitional Living Center Day Treatment Program with PT, OT, ST, NP and transportation as needed, 5 days per week from 11/03/14-11/28/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary, MDA Internet Duration Guidelines.

**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.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and support this type of program assuming an individual can participate. It is clearly documented that this individual had cranial surgery with complications 2 weeks before the starting period for this request. It is also clearly documented that he could not participate in major aspects of the program at this time period. Rehabilitation is supported by Guidelines, but not at this time under these circumstances. Once he is stable, this could be requested. At this point in time, the Physical Rehabilitation at an Outpatient Transitional Living Center Day Treatment Program with PT, OT, ST, NP and transportation as needed, 5 days per week from 11/03/14-11/28/14 is not medically necessary.