

<b>Case Number:</b>	CM14-0217880		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: 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:

This 44 year old male reportedly sustained a work related injury on October 6, 2012 due to a fall off a ladder resulting in head and spinal injury. Diagnoses include cognitive disorder, personality change, mood disorder and rule out psychotic disorder all due to traumatic brain injury, cervical spine fusion, fracture of left upper extremity with radiculopathy, lumbar spine strain and left shoulder sprain/strain with impingement. The injured worker has had physical therapy, injections, occupational therapy and surgeries related to his many physical and psychological conditions due to his injuries. Utilization review notes a most recent discharge from transitional living center on October 28, 2014 with noted lack of follow through in areas of self-motivation related to completion of home exercise program. During group therapy there is a need for persistent prompts and reminders to prevent impulsive or disruptive behavior. An emergency primary treating physician consultation note dated December 18, 2014 provides the injured worker had continued behavioral disinhibition and disturbance severe enough that family felt compelled to seek professional intervention that confirmed illicit substance abuse. Documentation notes an urgency to provide placement for rehabilitation and therapy due to traumatic brain injury. On December 23, 2014 utilization review denied a request dated December 19, 2014 for placement at a long term residential care service. California Residential care facilities for the elderly guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Long term residential care placement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California's Residential Care Facilities for the Elderly, Title 22, Division 6, Chapter 87100-87730

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Residential Care Facilities

**Decision rationale:** According to DHS, Residential Care Facilities are licensed to provide services 24 hours a day to individuals older than 17 who are not capable of independent living and who require assistance and supervision. To be eligible, individuals must be independently mobile, capable of responding to reminders and guidance from staff, and capable of self-administering medication. There is no documentation that the patient is able to respond to reminder and guidance from staff. There is documentation that the patient has behavioral issues with dis-inhibition. Therefore, the request is not medically necessary.