

<b>Case Number:</b>	CM15-0144222		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 York

Certification(s)/Specialty: Internal 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 47 year old male who sustained an industrial injury on 05-20-13. The current diagnoses are not available. Treatments to date include medications, hearing aids, a Continuous Positive Airway Pressure machine, and multiple consultations/evaluations. Diagnostic studies include CT scans, polysomnogram, allergy testing, and audiogram, MRI of the brain, EEG, and pulmonary function testing. Current complaints include memory loss and breathing issues. Current diagnoses include rule out apnea and Aspergillosis, decreased memory loss, sinusitis and neural hearing loss, and nonspecific abdominal pain. In a progress note dated 07-06-15 the treating provider reports the plan of care as medications and [REDACTED] for 3 days. The requested treatments include [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multidisciplinary Institutional Rehabilitation Program x 1 month: Upheld**

**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 Chapter (online version) Multidisciplinary Institutional Rehabilitation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interdisciplinary rehabilitation program.

**Decision rationale:** ODG states that interdisciplinary rehabilitation programs range from comprehensive integrated inpatient rehabilitation to residential or transitional living to home or community-based rehabilitation. All are important and must be directed and/or overseen by a physician, board-certified in physiatry or another specialty, such as neurology or neurosurgery, with additional training in brain injury rehabilitation. All programs should have access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dietitians, therapeutic recreation specialists and others. The individual's use of these resources will be dependent on each person's specific treatment plan. All phases of treatment should involve the individual's family/support system. The provider states that the patient has memory loss and cognitive issues. There is no specific indication for an inpatient rehabilitation program. Medical necessity for the requested program is not established. The requested program is not medically necessary.