MAXIMUS Federal Services

Case Number:	CM15-0170308		
Date Assigned:	09/10/2015	Date of Injury:	09/17/2000
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, 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 applicant is a represented 45-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 17, 2000. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for a residential living program between the dates of August 1, 2015 through October 31, 2015. The claims administrator referenced a July 21, 2015 case management note and a July 7, 2015 physical therapy progress note in its determination. The claims administrator did apparently issue a one-month partial approval. The claims administrator stated that no medical progress notes were attached to the RFA form. The applicant's attorney subsequently appealed. On a case management note of July 21, 2015, the applicant was described as having recovered from earlier shoulder surgery in February 2015. 5/5 shoulder strength and flexion and abduction to 150- to 180-degree range were reported. The applicant was described as having had a negative EEG in April 2015. The applicant was receiving psychotropic medications, it was reported. The applicant was receiving psychology and neuro-music therapy, it was stated. The applicant had visual deficits and had apparently lost his glasses, it was incidentally noted. Continued treatment via supported living environment was sought on the grounds that the applicant was disorganized, anxious, irritable, and unable to manage his mental health issues, activities of daily living, and/or schedule without support. The requesting provider, a licensed social worker (LCSW), did not formulate a clear psychiatric diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Residential Living Program DOS: 8-1-15 To 10-31-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 (TBI).

Decision rationale: No, the request for a continued residential living program was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of residential living programs. While ODG's Head Chapter Interdisciplinary Rehabilitation Programs topic does recommend integrated inpatient rehabilitation, residential and/or transition living care, and/or community-based rehabilitation, ODG qualifies its position by noting that such programs must be directed and overseen by a physician with training in brain injury rehabilitation. Here, however, a social worker, not a physician, seemingly initiated the Request for Authorization of July 21, 2015. ODG's Head Chapter Interdisciplinary Rehabilitation Programs topic further notes that lengthy treatment durations such as the three-month stay in question require individualized care plan explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility. Here, however, a clear rationale for continued treatment via the residential living program was not furnished. It was not stated why the applicant could not continue treatment through more conventional means, such as outpatient office visits, psychiatric office visits, psychological office visits, etc. ODG's Head Chapter Interdisciplinary Rehabilitation Programs topic further stipulates that treatment is not supported for longer than two to four weeks without evidence of significant demonstrated efficacy documented by subjective and objective gains. Here, the applicant's response to earlier treatment in the terms of the functional improvement parameters established in MTUS 9792.20e was not clearly established or expounded upon. The applicant remained dependent on a variety of analgesic and psychotropic medications, it was reported on the July 21, 2015 office visit in question, including Abilify, Effexor, Norco, Klonopin, Rozerem, Lidoderm patches, Celebrex, Vyvanse, etc., it was reported on that date. All of the foregoing, taken together, argued against the applicant having effected functional improvement as defined in MTUS 9792.20e through prior treatment via the residential living facility in question. Therefore, the request was not medically necessary.