

Case Number:	CM15-0179396		
Date Assigned:	09/21/2015	Date of Injury:	10/10/2014
Decision Date:	10/29/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 31-year-old male with a date of injury on 10-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder; rule out mood disorder, depressed type due to medical condition and multiple bodily injuries. According to the psychiatric evaluation dated 7-2-2015, the injured worker reported feeling despair, helpless and hopeless. He reported a labile mood, irritability, problems managing anger, impulse control, recurrent anxiety, panic attacks, feeling tired, no energy, no motivation and nightmares about fall injury. He reported being able to care for his personal needs and manage his finances. The mental status exam (7-2-2015) revealed that thought content reflected feelings of despair, helplessness, hopelessness, recurrent anxiety, panic attacks, flashbacks and nightmares. Treatment has included psychotherapy, and medications. Current medications (7-2-2015) included Gabapentin and Wellbutrin. The request for authorization dated 8-20-2015 was for a seven-day inpatient program. The original Utilization Review (UR) (8-26-2015) denied a request for a seven-day inpatient interdisciplinary rehabilitation program length of stay, August 20-26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seven (7) day inpatient, Interdisciplinary Rehabilitation Program Length of Stay August 20-26, 2015: Overturned

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-Criteria for Interdisciplinary brain injury rehabilitation programs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Head, Interdisciplinary rehabilitation programs (TBI).

Decision rationale: The patient presents with pain affecting the head. The current request is for Seven (7) day inpatient, Interdisciplinary Rehabilitation Program Length of Stay August 20-26, 2015. The treating physician report dated 7/21/15 (66B) states, "I will plan to continue to follow his care while he is enrolled in the interdisciplinary rehabilitation program [REDACTED] and make further recommendations as necessary." The ODG guidelines state the following regarding Interdisciplinary Rehabilitation Programs: "Recommended as indicated below. 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 physiatrist or another specialty, such as neurology or neurosurgery, with additional training in brain injury rehabilitation." The guidelines go on to state the following indications: "Patient able to benefit from intensive therapy (equal to or greater than 4 hours per day, 5 to 7 days per week), & at least one of the following: Patient requires neurobehavioral treatment for moderate to severe deficits, or Patient demonstrates moderate to severe cognitive dysfunction, or Patient requires treatment from multiple rehabilitation discipline". In this case, the patient presents with TBI with "clear alteration in consciousness following injury, with subsequent development of neurocognitive sequelae including cognitive slowing, attentional impairment, memory impairment, post-traumatic HA with migraine-type features. (65B)" The current request satisfies the ODG guidelines as multiple indications for admission into an Interdisciplinary Rehabilitation Program were met. The current request is medically necessary.