

Case Number:	CM15-0068409		
Date Assigned:	04/16/2015	Date of Injury:	02/18/2011
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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

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:

The injured worker is a 52-year-old male, who sustained an industrial injury on 2/18/2011, while employed as a corrections officer. He reported cumulative injury to his heart, cardiovascular system, brain, and organs/kidneys, from work activities. The injured worker was diagnosed as having hypertension and multiple strokes. Co-morbidities included hypertension, obesity, obstructive sleep apnea, diabetes, renal disease, and cerebrovascular accidents. Treatment to date has included diagnostics, medications, hemodialysis, and a residential neurobehavioral rehabilitation program. The injured worker was admitted to a residential neurobehavioral rehabilitation program on 2/24/2014. On 12/18/2014, was documented as expecting to begin the transitional phase of his rehabilitation plan, over the course of the next reporting period. Constant 24-hour supervision was documented as necessary for safety. It was documented on 2/02/2015; he had begun the final transition phase of his inpatient/residential rehabilitation. The treatment requested included additional residential neurobehavioral rehabilitation program x45 days (dates of service 2/02/2015 to 3/18/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Residential/inpatient treatment for traumatic brain injury (Prospective); (Date of Service: 02/02/15 - 03/18/15) Quantity: 45.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (2015 Online): Continued Stay and Residential Transitional Rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation head chapter, Interdisciplinary Rehabilitation Programs (TBI).

Decision rationale: The patient presents with traumatic brain injury. The request is for residential/inpatient treatment for traumatic brain injury (prospective) (date of service: 2/2/15 - 3/18/15) quantity 45.00. The request for authorization is dated 03/09/15. MRI of the brain, 02/22/11, shows left occipital acute stroke; left posterior frontal-parietal stroke; significant left mesial temporal encephalomalacia; chronic right frontal and right basal ganglia strokes. MRI of the brain, 03/19/11, shows evolving/acute left subcortical stroke. MRI of the brain, 01/2012, shows left centrum semi-ovale stroke. Rehabilitation at NCS, a residential neurobehavioral rehabilitation program, was ordered on 09/16/13, with the patient admitted to NCS on 02/24/14. Patient continues to demonstrate functional and behavioral changes toward target outcomes. He is now ready to begin a transition phase of treatment. Home evaluation completed. Structure and set-up of home in process. Initial clinically supervised home visits completed. Family training ongoing. Patient's medications include Minoxidil, Carvedilol, Amlodipine, Atorvastatin, Clopidogrel, Trazodone, Folic Acid, Sevalamer Carbonate, Sensipar, Vitamin D3, Vitamin B12, Triamcinolone Acetonide, Renal Vitamin and Loratidine. Per progress, report dated, 01/26/15, the patient to remain off work. ODG-TWC Guidelines, Head chapter, under Interdisciplinary Rehabilitation Programs (TBI) states, "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 psychiatry 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. (Colorado, 2005) (McAllister, 2002) (Mittenberg, 2001) (Szymanski, 1992) (Wood, 2004) Criteria for Interdisciplinary brain injury rehabilitation programs (postacute care): Continued Stay: Residential Transitional Rehabilitation: Target LOS up to 60 - 120 days for patients with moderate to severe injuries; & LOS for patients admitted to residential transitional rehabilitation for late rehabilitation may be longer, ranging between 180 to 240 days. Per progress report dated, 03/16/15, treater's reason for the request is "Currently medically necessary to continue treatment of documented global cognitive, behavioral, and physical/sensory deficits. [The patient's] medical management remains highly complex. He is unsafe without skilled 24-hour clinical supervision. [The patient] is demonstrating continued progress across all areas of treatment as is documented in the N.C.S. Progress Report dated 3/19/15. [The patient] will continue the transitional phase of his rehabilitation plan during the next reporting period." The patient is admitted to NCS since 02/24/14, and up to the requested date of service (02/2/15 - 03/18/15), is a resident for 342 days.

Per progress, report dated, 03/19/15, treater states, "From the onset of his strokes in early 2011, and additional infarcts in 2012, to the date of [the patient's] admission to NCS in 2014, he had not received post-acute treatment. This was and is his first opportunity for rehabilitation" ODG guidelines allow up to 240 days for patients admitted to residential transitional rehabilitation for late rehabilitation. However, the request for 45 additional days would exceed what is recommended by guidelines. Therefore, the request is not medically necessary.