MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: December 23, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

14 additional days of rehabilitation therapy.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

M.D., Board Certified in Neurology.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld	**(Agree)**
[ ] Overturned	(Disagree)
[ ] Partially Overturned	(Agree in part/Disagree in part)

The requested 14 additional days of rehabilitation therapy are not medically necessary for the patient.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated November 2010.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 12/2/10.
3. TDI Notice to IRO of Case Assignment dated 12/23/10.
4. Medical records dated 10/10/10 through 10/26/10.
5. Letter from MD dated 11/2/10.
6. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained injuries after a fall from a three-story building on xx/xx/xx. He sustained a closed head injury complicated by obstructive hydrocephalus, requiring a right ventriculostomy. The patient also sustained a cervical spine/spinal cord injury and underwent a posterior cervical fusion. He has residual pain and paresthesias. The patient's provider states the patient needs an additional 14 days of rehabilitation therapy to continue neurocognitive rehabilitation, physical therapy and occupational therapy for improvement of activities of daily living and decreased pain and to improve executive function, short-term memory and reasoning ability. According to the submitted notes, the patient was transferred on 10/4/10 to a transitional living program for physical therapy, occupational therapy and neurocognitive treatment. A team conference note dated 10/27/10 indicates the patient was independent in bed mobility and transfers and able to walk more than 500 feet on level ground. He was independent in eating, bathing and dressing. He required some assistance with grooming. Short-term memory was noted to be mildly impaired as was long-term memory. Decreased attention span was noted. A weekend leave of absence was mentioned. A behavioral memory test was administered on 10/21/10 with a score of 21/24, indicating minimal impairment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Review of the submitted clinical documentation does not demonstrate the medical necessity of 14 additional days of rehabilitation therapy. There is no evidence that the patient is likely to benefit from further inpatient cognitive, physical and occupational rehabilitation. The records indicate the patient has minimal memory impairment and he is independent in most activities of daily living. Further, there is no documentation of impairment in mobility. Additionally, the patient appears to have a sufficient support system at home. Moreover, the submitted clinical information does not describe any specific goals that would need to be provided in an inpatient rehabilitation setting as opposed to an outpatient setting. All told, 14 additional days of rehabilitation therapy are not medically necessary for treatment of this patient's condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[ ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[X] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

1. Turner-Stokes, L, et al. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age, *Cochrane Database of Systematic Reviews Cochrane Database of Systematic Reviews*. 2009.

2. Salazar, A., et al. Cognitive rehabilitation for traumatic brain injury: A randomized trial. Defense and Veterans Head Injury Program (DVHIP) Study Group. *JAMA*, 2000;283(23):3075-81.

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)