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IRO CASE #: 124020

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Request for additional 20 visits Brain Injury Rehabilitation Day Neuro Services from XX/XX/XX through XX/XX/XX- Services Provided.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: American Board Certified Physician in Physical Med. and Rehab with over 20 years' experience.

REVIEW OUTCOME:

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

Overtuned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male patient who was injured XX/XX/XX when he fell out of a X cart striking his head on the ground. The patient has been following for a history of memory loss, dizziness and vertigo. The patient was being following by a day treatment brain injury rehabilitation program beginning in XX/XX/XX. Request is for coverage of additional 20 visits Brain Injury Rehabilitation Day Neuro Services from XX/XX/XX through XX/XX/XX- Services Provided.

XX/XX/XX-XX/XX/XX: Progress Summary:

Progress summary noted improved cognitive endurance with more accuracy on sentence stimuli, reverse order and three words. On executive functioning the patient required no significant assistance and had greater accuracy on speed of processing testing. Word fluency had also increased. Improved reading comprehension was noted as well as math calculation skills. The patient was able to increase calculation skills. The patient was able to increase walking endurance to 2 miles independently with no episodes of dizziness. The patient was able to climb an 8 ft ladder, but still reported some very mild dizziness. Fall recovery had improved as well as coordination in the upper and lower extremities. Strength had also improved. The patient had reached some goals in vision and perception skills. The patient had also made improvement in anxiety and depression symptoms.

XX/XX/XX: UR: The clinical records submitted for review would not support an additional 20 sessions of a day treatment brain injury rehab program. Although the information does indicate progress with further therapy, the patient has already attended an extensive amount of brain injury rehabilitation. At this point in time, it is unclear what deficits remain to the extent that an additional 20 sessions of a day treatment program would be needed in order to return the patient back to a pre-injury status. Without further information regarding specific goals to be obtained that would require an additional 20 days. Peer to Peer discussion has not been achieved despite calls to the office Recommend non-certification.

XX/XX/XX: Letter of Concern: In Summary: To whom it may concern: Please accept this correspondence to initiate the appeal process for XX, in response to the denial received for continued day treatment rehabilitation on

XX/XX/XX. XX was admitted on XX/XX/XX and had received approximately 2 months of brain injury treatment. It was recommended that XX continue rehab which includes physical therapy, occupation therapy, speech therapy and counselling. It was stated in the denial that XX has been receiving brain injury rehab since XX/XXXX, when in fact he did not begin treatment until XX/XX/XX. It also states that he has shown adequate improvement and no longer meets the criteria for this level of service. This level of treatment is necessary secondary to XX need for stable structure in specialized treatment environment to promote progress toward goals and movement toward lifelong success. He will have the opportunity to develop competence and mastery of strategies for memory, problem solving, impaired speed of processing, impaired strength/endurance, impaired vestibular system and safety awareness. The development of these skills requires repetition over time. The benefit of the development of these skills will facilitate independence with daily life activities, confidence in himself and life direction with regard to his personal pursuits. Currently XX diminished executive function and impaired vestibular system, impacts his ability to move about his environment safely, to remember and process information in a timely manner to facilitate adequate problem solving and follow through, which could impact decision making in the course of daily life as well as react quickly in emergency situations. XX is followed by PM&R.

XX/XX/XX: UR: Regarding the request for Day treatment brain injury rehabilitation x 20 visits, the additional information provided does not clearly provide evidence for additional treatment. The remaining deficits do not indicate the degree of disability and the likeliness of achieving the stated goals. As with any rehabilitation objective evidence of improvement towards clear, objectively measurable, functional treatment goals must be achieved/submitted before additional treatments can be considered appropriate and reasonably attained. I called the office but peer to peer contact was unsuccessful, Recommend non-certification.

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

Determination: denial of 20 additional sessions of multi-disciplinary Brain Injury Rehabilitation Program is OVERTURNED/DISAGREED WITH since review of raw data comparing previous and current gains in all disciplines during the treatment period from XX/XX/XX-XX/XX/XX with documented good effort, participation and gains, but residual deficits and specified goals for neurocognitive skills (including decreased accuracy and endurance with lengthier tasks, continued verbal cues for work finding, difficulty in abstract thing and drawing conclusions), lower extremity strengthening (continued 5-/5 about the hips), community mobility (continued mild dizziness and nausea with changing directions and busy environments), visual perception, and emotional status (continued symptoms of anxiety with BAI 8 and depression with BDI 17). Adjuvant treatment includes follow up with Physical Medicine and Rehabilitation specialist, medication (Meloxicam), habituation and adaptive exercises with home exercise program, practiced neurocognitive and behavioral cognitive strategies, SUPERVISED disposition with family/friends, NO driving, and pending recommended evaluations with Ears/Nose/Throat specialist and Neuro-optometrist. Therefore, the request for additional 20 visits Brain Injury Rehabilitation Day Neuro Services from XX/XX/XX-XX/XX/XX Services provided is medically necessary.

Per ODG:

Criteria for Interdisciplinary brain injury rehabilitation programs (postacute care):

Admission (applies to moderate and severe TBI):

- GCS level from 3 to 12 in the initial 24 hrs, severe at 3-7 GCS and moderate at 8-12 GCS, with moderate TBI generally including loss of consciousness > 30 min, loss of memory > 1 day, altered MS > 1 day, &/or structural changes on CT or MRI (while the initial GCS score is usually used to determine severity, there are a minority of patients whose GCS scores will deteriorate within the first 24 to 48 hours, & some injuries can progress over a few weeks, as in the case of a slow, subdural bleed); &
- Mobility and functional activity limitations, including vestibular (balance and coordination) problems; &
- Able to tolerate comprehensive rehab program 3-4 hours/day, 5 days/week; &
- Has potential to follow visual or verbal commands and agree to actively participate; &
- Purposeful response or voluntary movement to external stimuli; &
- Able to sit supported 1 hour/day; &
- Preadmission assessment documented by licensed clinician including a proposed treatment plan indicating

- o Diagnoses; &
- o Short/long term goals (specific, quantified, objective) and estimated time to achieve goals; &
- o Specific projected treatments, duration, intensity; &
- o Careful attention to transition of care [exchange of info, review of meds and procedures and early discharge planning] from hospital to residential transitional rehabilitation facilities to prevent repeat hospitalizations.

Residential Transitional Rehabilitation (i.e., inpatient):

- Treatment is provided under medical prescription by a Psychiatrist, Neurologist or other physician with brain injury experience; &
- Provide services that are within the scope of services provided under a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited rehabilitation program for brain injury or another nationally recognized accredited rehabilitation program for brain injury; &
- 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:
 - o Patient requires neurobehavioral treatment for moderate to severe deficits, or
 - o Patient demonstrates moderate to severe cognitive dysfunction, or
 - o Patient requires treatment from multiple rehabilitation disciplines, or
 - o Patient is medically complex, requiring physician or nursing interventions and up to 24 hour nursing, or
 - o Patient will benefit from combination therapies, or
 - o Patient is unsafe, or
 - o Patient diagnosed with severe postconcussion syndrome, or
 - o Patient is unable to feed orally, or
 - o Family is unable to provide for patients level of care while participating in rehabilitation, &
- Care provided is NOT custodial care, but is focused on recovery and progress is demonstrated.

Day Treatment (i.e., outpatient):

- Treatment is provided under medical prescription by a Psychiatrist, Neurologist or other physician with brain injury experience, &
- Provide services that are within the scope of services provided under CARF as a brain injury rehabilitation program, &
- Patient able to benefit from intensive therapy (equal to or greater than 4 hours per day, 5 days per week), & at least one of the following:
 - o Patient requires neurobehavioral treatment for mild behavioral deficits, or
 - o Patient demonstrates moderate to severe cognitive dysfunction, or
 - o Patient requires treatment from multiple rehabilitation disciplines, or
 - o Patient diagnosed with mild to moderate postconcussion syndrome, or
 - o Patient is unable to feed orally, &
- Care provided is NOT custodial care, but is focused on recovery and progress is demonstrated.
- Patient ambulates 50 feet with supervision.

Continued Stay:

- Ongoing comprehensive rehab program with at least 3 disciplines and 4 hours/day, 5 days/week; &
- Measurable progress documented toward pre-established goals with gains sustained; &
- Mental status change and neurological assessment ongoing; &
- Neurologic change and neurological assessment ongoing; &
- Pain management addressed; &
- No longer than 2-4 weeks without evidence of significant demonstrated efficacy as documented by subjective and objective gains;
 - o However, it is also not suggested that a continuous course of treatment be interrupted solely to document these gains, if there are preliminary indications that they are being made on a concurrent basis;
 - o Interdisciplinary summary reports that include treatment goals and progress assessment with objective measures, must be made available upon request at least on a bi-weekly basis during the course of the treatment program.
- *Residential Transitional Rehabilitation:*
 - o Target LOS up to 60 - 120 days for patients with moderate to severe injuries; &
 - o Longer end of range depending on acute LOS (with contracted IRF LOS now below 14 days, and trending toward 10, greater levels of disability are presented at admission to residential transitional rehabilitation, requiring longer transitional rehabilitation LOS); &

- o Progress review every 2 to 4 weeks; &
- o Program continuation dependent upon demonstrated progress; &
- o Residential transitional rehabilitation LOS that extends to vocational return may be longer; &
- o LOS for patients admitted to residential transitional rehabilitation for late rehabilitation may be longer, ranging between 180 to 240 days.
- o Discharge:
 - Home environment safe and accessible; &
 - Patient or caregiver demonstrate ability to manage transfers or functional mobility (e.g., ambulation, wheelchair), ADLs; &
 - Comprehensive written discharge and teaching instructions reviewed.
- *Day Treatment:*
 - o Total treatment duration should generally range up to 4 to 6 months; &
 - o If treatment duration in excess of 6 months is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided; &
 - o Longer durations require individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improved outcomes from the facility; &
 - o At the conclusion and subsequently, re-enrollment in repetition of the same or similar rehabilitation program only if medically warranted for the same condition or injury or exacerbation of injury; &
 - o Suggestions for treatment post-program should be well documented and provided to the referral physician; the patient may require time-limited, less intensive post-treatment with the program itself; &
 - o Defined goals for these interventions and planned duration should be specified.
 - o For individual outpatient therapies, see specific entries in ODG.

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
- 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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)