

Case Number:	CM13-0010002		
Date Assigned:	03/03/2014	Date of Injury:	05/01/2010
Decision Date:	04/15/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year old gentleman with a date of injury of 5/01/10. The patient injured himself when he slipped and fell down a sloped hill about 20-feet down. He has injury affecting multiple body parts. He had severe injury to the distal radius. He is s/p multiple upper extremity surgeries, including left distal radius internal fixation/externel fixation, revision left CTR, left distal scaphoid resection, left radioscaphoid and radiolunate fusion with bone graft, left posterior interosseus neurectomy and left radial styloidectomy. The patient is noted to have head injury with post concussive syndrome with disequilibrium, headaches and cognitive deficits. The pateint has also developed depression, anxiety and PTSD. The patient has been seen by a psychiatrist and gets psychotherapy from a psychologist. The patient is on psychotropics. The pateint had a neuropsychological evalution on 4/14/11, and was noted to have majro depression and a moderate cognitive disorder. Cognitive behavioral therpuy was recommended. The patienn has had extensive cognitive skills training, as these began in 2012 and the patient has been in treatment for "several months", according to a peer-to-peer discussion, at 10 hours per week. Cognitive skills note on 5/21/13 notes that the patients psychotropics may not be working properly. Given a lack of functional improvement and exceeding 20 sessions and over 20 weeks of treatment, additional cognitive skills training was denied. This same peer-to-peer also notes that the patient has had 12-16 sessions of PT for TMJ. While the pateint struggles with depression, anxiety and cognitive difficulties, it is noted that the patient continues to use Xanax and Norco. This case was submitted to Utilization Review on 8/02/13. On that review, an additional 4 weeks of cognitive skills training, at 10 hours/week, was certified. Additional PT for TMJ with [REDACTED] was not certified. It was resubmitted to Utilization Review on 9/10/13, and given a lack of functional improvement with cognitive skills training, additional hours were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE SKILLS TRAINING 10 HOURS A WEEK FOR 8 WEEKS, QTY: 80.00:

Upheld

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, COGNITIVE SKILLS RETAINING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HEAD CHAPTER, COGNITIVE SKILLS RETAINING.

Decision rationale: The CA MTUS/ACOEM is silent on cognitive skills retraining, therefore, consider ODG. Guidelines states that this is recommended when retraining is focussed on specific skills. Specific duration is not discussed, however, for cognitive therapy, guidelines states that 13-20 visits of 7-20 weeks are appropriate progress is being made. In this case, this patient has had months of this treatment, and has been documented to have persistent issues with multiple reviews noting a lack of any significant progress. There is no clear justification for ongoing cognitive skills retraining in this patient who has completed extensive treatment that is well beyond guideline recommended duration. Medical necessity for additional cognitive skills training is not established.

6 SESSIONS OF PHYSICAL THERAPY WITH [REDACTED], QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER, PHYSICAL MEDICINE TREATMENT.

Decision rationale: The CA MTUS/ACOEM is silent on PT treatment for TMJ disorders. Therefore, consider ODG, which states that for temporomandibular joint disorders, up to 6 PT sessions can be done over 4 weeks. According to reports the patient has had at least 10 sessions, with some reports stating that 12-16 may have been done. There is no clear indication for ongoing extension of skilled therapy past guideline recommendations versus doing self-directed home exercises at this juncture. Medical necessity for additional PT is not substantiated.