

Case Number:	CM13-0030277		
Date Assigned:	11/27/2013	Date of Injury:	02/07/2013
Decision Date:	07/11/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine 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:

The patient is a 47-year-old male who has submitted a claim for Closed Head Injury with Post-concussion Syndrome, Cognitive Impairment, Mood Impairment, and Language Impairment; Cervical Strain; Soft Tissue Trauma of the Right Foot, Stable; and Blurry Vision of the Right Eye, associated with an industrial injury date of February 7, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of vision difficulties of the right eye. He also had some stuttering and problems with multitasking and concentration. On physical examination, he had normal strength, sensation, and reflexes in all extremities. The treatment to date has included medications, physical therapy, and an outpatient rehabilitation program. Utilization review from September 18, 2013 denied the request for comprehensive rehabilitation day program, three (3) days a week for eight (8) weeks (a total of 24 visits), for post concussion syndrome, because the records did not clearly reflect whether the patient was having problems with functioning independently.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE REHABILITATION DAY PROGRAM THREE (3) TIMES A WEEK FOR EIGHT (8) WEEKS (A TOTAL OF 24 VISITS), FOR POST CONCUSSION SYNDROME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-32.

Decision rationale: The Chronic Pain Guidelines indicate that functional restoration program participation may be considered medically necessary when all of the following criteria are met: (1) an adequate and thorough evaluation including baseline functional testing was made; (2) previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) there is significant loss of ability to function independently; (4) the patient is not a candidate where surgery or other treatments would clearly be warranted; (5) the patient exhibits motivation to change; and (6) negative predictors of success have been addressed. Furthermore, treatment is not suggested for longer than two (2) weeks without evidence of demonstrated efficacy. In this case, the medical records showed that the patient was previously seen at an outpatient rehabilitation program. However, there was no record of baseline functioning testing or an adequate and thorough evaluation. There was also no discussion regarding functional gains. There is no clear indication for continued participation in a functional restoration program at this time. Therefore, the request is not medically necessary.