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| <b>Case Number:</b>   | CM13-0066820 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 08/30/2010 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 11/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2013 |

### 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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 39-year-old male who was injured on August 30, 1010. Injury occurred when the patient was hit by vehicle going full speed on the highway. Injuries included skull fractures, epidural hematoma, and crush injury to his right lower leg. The patient received rehabilitation including at least 2 admissions to the transitional living center. He was readmitted to the [REDACTED] on June 27, 2013 after behavioral issues while living with his family. Requests for authorization for physical therapy twice weekly for 6 weeks, marriage and family counseling #12 for communication, occupational therapy for money management, 10 physical therapy sessions, 10 occupational therapy sessions, 10 speech therapy visits over one month, and 10 neuropsychology visits over one month were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY (PT) TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR BRAIN INJURY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Injury - Interdisciplinary Rehabilitation Programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Physical Medicine, Interdisciplinary rehabilitation

**Decision rationale:** Physical therapy is recommended for rehabilitation and divided into 3 periods, acute, sub-acute, and post-acute. In the beginning of rehabilitation the physical therapist evaluates patient's functional status, later he uses methods and means of treatment, and evaluates effectiveness of rehabilitation. Early ambulation is very important for patients with coma. Early rehabilitation is necessary for traumatic brain injury patients and use of physical therapy methods can help to regain lost functions and to come back to the society. In his case the patient had participated in acute and post-acute rehabilitation. He demonstrated poor insight, decreased problem-solving, and mood swings. There is no documentation of objective functional improvement. The lack of past progress suggests that additional physical therapy is likely to be ineffective. Medical necessity is not established.

**MARRIAGE AND FAMILY COUNSELING 12 SESSIONS FOR BRAIN INJURY TO ADDRESS COMMUNICATION CHALLENGES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Injury - Interdisciplinary Rehabilitation Programs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head; Cognitive Therapy

**Decision rationale:** Psychotherapy is recommended. Attention, memory, and executive functioning deficits after traumatic brain injury can be improved using interventions emphasizing strategy training. Treatment may include individual psychotherapy, marital therapy, group therapy, instruction in relaxation and related techniques, cognitive/behavioral therapy, social skills training and interventions/consultation in the community. The recommended number of visits is up to 13-20 visits over 7-20 weeks if progress is being made. In his case the patient had participated in acute and post-acute rehabilitation. Injury had occurred 3 years prior to the requested treatment. He continued to demonstrate poor insight, decreased problem-solving, and mood swings. Lack of past progress is an indicator that future therapy is unlikely to be effective.

**OCCUPATIONAL THERAPY (OT) ONE (1) TIME A WEEK FOR FIVE (5) WEEKS TO ADDRESS MONEY MANAGEMENT AND ATTENDING TO HIS PRODUCTIVE DAY SCHEDULE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Injury - Interdisciplinary Rehabilitation Programs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Physical Medicine Treatment

**Decision rationale:** Physical therapy is recommended for rehabilitation and divided into 3 periods, acute, sub-acute, and post-acute. In the beginning of rehabilitation the physical therapist evaluates patient's functional status, later he uses methods and means of treatment, and evaluates effectiveness of rehabilitation. Early ambulation is very important for patients with coma. Early rehabilitation is necessary for traumatic brain injury patients and use of physical therapy methods can help to regain lost functions and to come back to the society. The patient had participated in acute and post-acute rehabilitation. He demonstrated poor insight, decreased problem-solving, and mood swings. There is no documentation of objective functional improvement. The lack of past progress suggests that additional occupational therapy is likely to be ineffective. Medical necessity is not established.