

Case Number:	CM13-0066945		
Date Assigned:	01/03/2014	Date of Injury:	04/28/2010
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	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 Internal Medicine and Pulmonary Diseases 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 37-year-old male who reported an injury on 04/28/2010. The patient was reportedly injured when he was struck by a 10-foot heavy pipe on the top of his head. The patient did suffer a loss of consciousness, as well as post-traumatic amnesia. The patient is currently diagnosed with mild traumatic brain injury, post-concussive headaches, cognitive deficits, questionable seizure disorder, cervical discogenic pain, mild carpal tunnel and possible ulnar neuropathy, diminished independent living skills, depression and anxiety, and hyperacusis of the right ear. The patient was recently seen by [REDACTED] on 09/20/2013. Physical examination revealed normal range of motion of the bilateral upper extremities, limited range of motion of the cervical spine, difficulty with word finding and occasional stutter, intact cranial nerve assessment, diminished sensation over the median nerve distribution bilaterally, and decreased strength in all 4 extremities. Treatment recommendations included a Functional Restoration Program to address and remediate problems, as well as perform thorough diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPREHENSIVE REHABILITATION INCLUDING OCCUPATIONAL THERAPY, PHYSICAL THERAPY, COUNSELING, AND SPEECH THERAPY (30 DAYS, 5 TIMES PER WEEKS, 6 HOURS PER DAY): 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Head Chapter, Multidisciplinary community rehabilitation, Cognitive skills retraining, and Physical therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines state multidisciplinary community rehabilitation is recommended for return to activity in the community. Cognitive skills retraining are recommended for concussion/mild traumatic brain injury. As per the documentation submitted, the patient does present with ongoing cognitive deficits following completion of a brain rehabilitation program. There is documentation of improvement with cognitive skills following the most recent month of treatment. The current request for additional treatment can be determined as medically necessary for this patient. However, the request for 30-day treatment cannot be determined as medically appropriate. Reassessment of the patient's condition would be required after an initial trial, to determine the necessity of ongoing treatment thereafter. Based on the clinical information received, the request is non-certified.