

Case Number:	CM13-0070161		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2010
Decision Date:	05/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/24/2013

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 [REDACTED] employee who has filed a claim for traumatic brain injury with post-concussive syndrome associated with an industrial injury of May 25, 2010. Thus far, the patient has been treated with 54 physical therapy sessions for cognitive rehabilitation in 2011, 42 sessions of speech therapy in 2011, 34 sessions of occupational therapy in 2011, occipital block, home relaxation set up treatments, acupuncture, prism glasses, vestibular therapy, and 30 neuropsychology sessions. Medications include propranolol, meclizine, tramadol, amitriptyline, and Ambien. There has been additional authorization for therapy sessions in 2013. Review of progress notes reports persistent symptoms for three years, which include problems with visual perception, speaking, writing, dizziness, staying on task, memory, problem solving, hearing and tinnitus, heightened sense of smell, and mild hand tremor. Utilization review dated December 04, 2013 indicates that the claims administrator denied a request for outpatient day program 3x a week for 3-4 weeks for brain injury rehab (9-12 sessions) as the likelihood of favorable outcomes from this treatment at this time is quite low, and patient already had extensive treatments from a multidisciplinary position.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT DAY PROGRAM THREE (3) TIMES A WEEK FOR THREE (3) - FOUR (4) WEEKS FOR BRAIN INJURY REHAB (9-12 SESSIONS): 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).

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, Interdisciplinary Rehabilitation Program Section.

Decision rationale: The California MTUS does not specifically address this issue. According to the Official Disability Guidelines (ODG), interdisciplinary rehabilitation programs are recommended. The individual's use of these resources will be dependent on each person's specific treatment plan. All phases of treatment should involve the individual's family/support system. This patient has had physical therapy, occupational therapy, speech therapy, neuropsychological therapy, and medications in the past three years, and still has persistent severe symptoms for three years that has already affected lower brain functions. The likelihood of significant favorable outcomes in this patient at this time is low. Therefore, the request for outpatient day program 3 times a week for 3-4 weeks for brain injury rehabilitation (9-12 sessions) was not medically necessary per the guideline recommendations of ODG.