

Case Number:	CM14-0003043		
Date Assigned:	01/29/2014	Date of Injury:	04/28/2010
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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:

The injured worker is a 37-year-old who reported an injury on April 28, 2010. The mechanism of injury was not stated. Current diagnoses include status post blunt head trauma with concussion, traumatic brain injury, possible post traumatic seizure, insomnia, and anxiety/depression. The latest Physician's Progress Report is documented on November 4, 2013. The injured worker was actively participating in neurological rehabilitation. The injured worker reported ongoing headaches, dizziness, difficulty with memory and concentration, and sleep impairment. Physical/neurological examination revealed two abrasions on the left side of the face, anxiousness, sensitivity to light, tenderness over the cervical paraspinal muscles, decreased range of motion, and an unchanged neurological examination. Treatment recommendations at that time included a follow-up visit in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DAY TREATMENTS (30 DAYS) 6 HRS A DAY 5 DAYS PER WEEK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 30-33

Decision rationale: The type of treatment requested was not specified. Therefore, the California MTUS Guidelines cannot be applied. Therefore, the request for day treatments (30 days) six hours per day, five days per week, is not medically necessary or appropriate.