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| Case Number: | CM14-0010818 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/01/2013 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 Neurosurgery 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 57 year old male who presented with a head injury. The injured worker sustained the injury on 08/01/13 while operating a forklift and hit a rock causing him to hit his forehead. The injured worker had received stitches to a 2cm laceration on the right forehead. A subsequent CT scan of the cranium, on 09/29/13 revealed a right frontal sinus osteoma. The peer review dated 02/28/14 indicates the injured worker having complaints of disorganized thoughts. The injured worker described a floating type feeling with irritability. The injured worker also described difficulties with executive functions. The injured worker was subsequently authorized for six sessions of cognitive therapy as well as a psychometric testing. The speech pathology evaluation dated 12/10/13 indicates the injured worker presented with mild to moderate cognitive deficits. The injured worker also had complaints of mildly impaired short term memory, moderately impaired working memory, and a mildly decreased processing speed. The clinical note dated 10/24/13 indicates the injured worker continuing with difficulties associated with executive function. The injured worker was recommended for formal psychometric testing. The clinical note dated 12/30/13 indicates the injured worker having a brain CT scan. The injured worker was recommended to limit exposure to heavy equipment with a 20 lb. lifting restriction. The clinical note dated 09/20/13 indicates the injured worker demonstrating no reflex deficits in the upper extremities. Sensation was intact. No Babinski's sign was identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DAY TREATMENT BRAIN INJURY PROGRAM (6.5 HRS/DAY, 3X/WK X 12WKS):

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 Official Disability Guidelines (ODG) Head Chapter, Interdisciplinary rehabilitation programs.

Decision rationale: The documentation indicates the injured worker complaining of short term memory loss. A rehabilitation program following a brain injury is indicated provided the injured worker meets specific criteria to include significant neurologic deficits associated with the brain injury according to Official Disability Guidelines (ODG). No objective data was submitted confirming the injured worker's significant brain injury. There is an indication the injured worker has undergone more conservative treatments; however, no information was submitted regarding the outcome of these treatments. Given the lack of information regarding the injured worker's confirmation of a brain injury, this request is not indicated as medically necessary.