

Case Number:	CM14-0156990		
Date Assigned:	09/29/2014	Date of Injury:	02/07/2014
Decision Date:	10/30/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal Medicine and is licensed to practice in Washington D.C and Virginia. 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:

This is a patient who sustained occupational injury on Feb 7 2014. He was noted to have urinary incontinence and his VESicare was increased. He also had hearing difficulty and was prescribed a dampening device. The physician who saw the patient on Aug 13 2014 noted that the hearing thresholds were within normal limits in both ears but with atypical hypersensitivity to sounds as evidenced by an MCL (most comfortable level) in the 30dB range. The patient had an audiogram which was within normal limits. Another physician did not recommend amplification due to exam findings. The patient went to an occupational medical center. He was instructed to have previously authorized physical therapy and to follow up with neurology and psychiatry. He had ongoing right hip issues and was scheduled to have hip surgery, per another provider, on Sep 15 2014. He was noted to have memory issues, as well as anxiety. He was prescribed Ritalin. He was noted to have a history of traumatic brain injury following a fall. He was diagnosed with post-traumatic headaches, vertigo, hearing problems, mobility deficits, chronic lower back pain and visual deficits of the right eye. He had the assistance of a guide dog. On Sep 2 2014, the physician noted that the patient had insomnia and prescribed Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin 5mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Methylphenidate

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation online resources www.ncbi.nlm.nih.gov/pubmed/12506813 and www.ncbi.nlm.nih.gov/pubmed/15166683

Decision rationale: MTUS and ACOEM do not address this medication; alternate guidelines were sought. Methylphenidate (Ritalin) is a commonly-used central nervous stimulant. It has been used in various neurological conditions, including attention deficit disorder, depression, and narcolepsy. Methylphenidate has been advocated in patients with traumatic brain injury and stroke for a variety of cognitive, attention, and behavioral problems. It also has been shown to speed recovery from post-stroke depression so that patients can participate more fully in rehabilitation programs. Methylphenidate, at 0.3 mg/kg/dose, given twice a day to individuals with attention-related complaints after traumatic brain injury, seems to have clinically significant positive effects on speed of processing, caregiver ratings of attention, and some aspects of on-task behavior in naturalistic tasks. The patient was noted to have behavioral and cognitive issues resulting from traumatic brain injury. Thus, this medication would be recommended.

██████████ for physical therapy/occupational therapy/speech therapy 3 times a week for 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDA Internet Duration Guidelines by Presley Reed, MD, address brain injury rehabilitation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48 and 90, Chronic Pain Treatment Guidelines Page(s): 30. Decision based on Non-MTUS Citation online resources www.apta.org/TBI/ and www.ncbi.nlm.nih.gov/pmc/articles/PMC3319122/

Decision rationale: MTUS and ACOEM do not address this condition specifically in regards to physical therapy. Alternate guidelines were sought. It was found that there was limited evidence that physical therapy interventions aimed at improving balance, gait, or both, regardless of type, were effective as a rehabilitation strategy in the TBI (traumatic brain injury) population. These findings are consistent with prior systematic reviews on the subject of brain injury rehabilitation. One study investigated the effects of any rehabilitation intervention (i.e. multidisciplinary rehabilitation, pharmacologic treatment, exercise/aerobic training, etc.) and found primarily limited evidence of positive effects of any interventions due to poor methodological quality of the studies and the fact that a minority were RCTs. Another study restricted the literature review to treatments affecting motor impairments, and though there was a broad range of pharmacologic, non-pharmacologic, and exercise interventions, one conclusion was that BWSTT was not superior to conventional gait training. Multiple, concurrent interventions should be avoided, and instead single therapies should be addressed to allow for a clear determination on the efficacy of a specific therapy. This patient was receiving vestibular rehabilitation for 6 sessions, CBT (cognitive behavioral therapy) for 12 sessions, and follow-up by a psychologist. Physical therapy in addition to this would not be indicated.

Dampening Device (right ear): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Head Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head procedure,

Decision rationale: Per ODG, interventions to improve the use of hearing protection devices are recommended. The evidence found shows that some interventions improve the mean use of hearing protection devices compared to non-intervention. A tailored strategy (the use of communication or other types of interventions that are specific to an individual or a group and aim to change behavior) showed an improvement in hearing protective devices use of 8.3% versus education at 6.1%. This patient was evaluated by an ENT physician who noted normal otologic exam findings and a normal audiogram. This intervention would not be recommended.

Prospective use of VESicare 5mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.webmd.com/drugs/drug-92266-VESicare+Oral.aspx?drugid=92266

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/vesicare-drug.htm

Decision rationale: The patient was noted to have issues with urinary incontinence. MTUS and ACOEM do not address this medication; alternate guidelines were sought. VESicare is used to treat incontinence and would be indicated for this patient.