

Case Number:	CM14-0170507		
Date Assigned:	10/20/2014	Date of Injury:	10/28/2011
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

This patient is a 46 year old male who suffered an un-witnessed traumatic brain injury on 10/28/11. He was diagnosed with an occipital fracture and subdural hematoma. He was treated with close nearly 2 years of continuous rehabilitation due to persistent psycho-social deficits in addition to severe head pain with dizziness. He related to his treating physician that he had completed only 6 sessions of requested physical therapy. A review of the records reveals a recent completion of 18 sessions of physical therapy with the ability to run on the treadmill for 3 miles and attendance at a gym up to 5 times per week. No muscular deficits were noted on the evaluations. Some intermittent balance problems were reported to be related to the onset of severe head pain and dizziness associated with the head pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2-3 Times per Week x 12 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://circ.ahajournals.org/content/109/16/2031.full>

Decision rationale: MTUS Guidelines do not address this issue. There are reasonable standards of conditioning levels suggested for patients with brain damage from strokes. It is reasonable to apply these standards to an individual with traumatic brain injury. Sustained aerobic activity of up to 20 minutes is considered to be a reasonable goal for individuals suffering from neurological damage. This patient's ability to run for 3 miles and independently attend a gym up to 5 days a week (transportation provided) appears to meet published goals for physical activity in an individual suffering from neurological damage. The physician requested additional therapy based on the assumption that only 6 sessions were completed when at least 18 sessions have been completed. The need for PT 2-3 times per week for an additional 12 weeks is not demonstrated and is not medically necessary.