

Case Number:	CM14-0027181		
Date Assigned:	06/13/2014	Date of Injury:	11/04/2012
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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, Colorado, Kentucky, and North Carolina. 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 an 83-year-old injured on November 4, 2012 after tripping over a wire. He suffered a subdural hematoma as well as a subarachnoid and right frontal intraparenchymal hemorrhage. Following the fall, the injured worker was taken to Keiser hospital and was admitted into the ICU and underwent several tests. The injured worker recently had another fall and he was admitted to Keiser with a small subdural hematoma, did not require surgery and was discharged to home. He received home health for 3 weeks. The injured worker reports that he walks with assistance but still needs a wheelchair for his primary mobility. The injured worker has been living at the [REDACTED] which is assisted living, and he is receiving 24/7 caregiver support at the facility because of his fall risk. His family reports he was confused at the assisted living facility. They also state he was like that for at least a couple of weeks. He required physical assistance for his transfers and received home health for 3 weeks but has not done outpatient therapy. Current medications are Coreg 3.125mg, Alipurinol 100mg, Nitroglycerine 0.4mg, Losartin 25mg, Lasix 20mg, Flomax 0.4mg, Vitamin D 2,000, baby Aspirin 81mg tab, Effexor XR 150mg, Norco 5/325mg 1 tab, every four hours as needed, Pravachol 40mg every evening, and Sanctura 10mg once daily. Physical examination dated 06/13/14 neurological examination the injured worker is alert and oriented. Cranial nerves are intact. Registration testing and recall testing are 3/3. Serial 7 subtraction was 5/5 without difficulty. His motor examination reveals 4/5 grip strength bilaterally and 5/5 biceps strength on the left and 4/5 biceps strength on the right. Hip flexor extensor strength is 4/5 on the right. Quad strength is 3+/5 on the right. Left strength is 4/5 in the lower extremities. Sensation is equal. Reflexes are decreased at the knee and ankle. No pronator drift. There was no clonus or no tremor. Gait sit to stand is moderately assisted. The injured worker cannot maintain upright posture. Diagnoses traumatic closed head injury with right front intraparenchymal hemorrhage.

Right subdural hematoma subarachnoid hemorrhage. Left subdural hematoma at the left temporal lobe which is new. History of coronary artery disease/MI. History of degenerative joint disease of the ankles and knees. History of lumbar spinal stenosis. Impaired visual perceptual abilities. Impaired gait and balance with history of falls. The request is for clinic therapy up to 1 day per week including physical therapy, occupational therapy, speech/language therapy, and counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLINIC THERAPY UP TO 1 DAY PER WEEK INCLUDING PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH/ LANGUAGE THERAPY, AND COUNSELING: Overturned

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 Official Disability Guidelines (ODG) Head, Cognitive Therapy.

Decision rationale: The submitted clinical documentation supports the request for PT,OT, speech/language therapy and counseling. Impaired gait and balance with history of falls. Diagnoses traumatic closed head injury with right front intraparenchymal hemorrhage. Right subdural hematoma subarachnoid hemorrhage. Left subdural hematoma at the left temporal lobe which is new. As such, cognitive therapy is clinically indicated to treat the sequela of the fall. The request for clinic therapy up to one day per week including physical therapy, occupational therapy, speech/language therapy, and counseling is medically necessary and appropriate.

SUPPORTIVE SERVICES IN THE HOME AND COMMUNITY SETTING UP TO 5 DAYS PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

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

Decision rationale: There is an indication that the injured worker is residing in a assisted care facility. It is unclear for the need for home services as he is currently residing in a assisted care facility. The request for supportive services in the home and community setting, up to five days per week, is not medically necessary or appropriate.

