

Case Number:	CM14-0028802		
Date Assigned:	06/16/2014	Date of Injury:	10/28/2011
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neurology 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 (IW) is a 46 Year Old male with a reported date of injury 10/28/2011. The IW reportedly sustained a head injury with a skull fracture (occiput) and both subdural hematoma and sub arachnoid hemorrhage. A follow up Head CT form February 2013 reveals a linear non-displaced lucency along the left occipital bone. The IW has been treated for a ten month period at an inpatient Neurological rehabilitation center. In addition to cognitive rehabilitation, the IW is being treated with medication including Seroquel, Lamictal, Cymbalta, Zofran, Aniracetam, Humatrope and Microzide. Per the clinical notes provided, the IW still has visual function difficulties with convergence as well as saccadic and pursuit dysfunction. The IW is also reported to have memory difficulties with impulse control problems in addition to difficulties with executive function. As part of his rehabilitation, the IW has used an interactive metronome and is reported to demonstrate improvements with planning and timing.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERACTIVE METRONOME PROGRAM 20 TREATMENTS: 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 Other Medical Treatment Guideline or Medical

Evidence: PUBMED Search 7/1/2014: Nelson LA1, Macdonald M, Stall C, Pazdan R. Effects of interactive metronome therapy on cognitive functioning after blast-related brain injury: a randomized controlled pilot trial. *Neuropsychology*. 2013 Nov;27(6):666-79. doi: 10.1037/a0034117. Epub 2013 Sep 23.

Decision rationale: Although the Injured Worker (IW) is reporting to show some improvement with planning and timing with the use of an interactive metronome the evidence supporting its use is limited. A small pilot study using an interactive metronome on patients with mild to moderate blast related injuries is reported to have a positive effect. The evidence is limited and this used was applied to blast related traumatic brain injuries which is a different mechanism of injury than the Injured Worker (IW) in this case sustained. Because of the lack of evidence concerning the use of an interactive metronome, it is not medically necessary and appropriate.