MAXIMUS Federal Services

Case Number:	CM14-0038456		
Date Assigned:	06/25/2014	Date of Injury:	06/02/2013
Decision Date:	08/07/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	03/31/2014

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 Maryland. 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 employee was a 61-year-old who was being followed for industrial injury. The date of injury was June 2, 2013. She was hit in her head by a heavy door and subsequently fell and hit her head again on a table. The progress report dated March 19, 2014 from the Orthopedic specialist who was the primary treating provider was reviewed. Subjective complaints included constant right sided low back pain radiating down to the right leg and foot. Pertinent objective findings included difficulty cooperating with physical examination with verbal instructions. Husband had reported difficulty with short -term memory and had difficulty following instructions at home. Her diagnoses included post concussive syndrome, closed head injury, buttock contusion and sacroiliac ligament sprain/strain. The relevant plan of care included Physical therapy and home exercise program. There was also a request made for referral to Occupational therapist and/or Physical Medicine doctor for possible rehabilitation program for closed head trauma and brain injury. She was also being followed by a Neurologist. The last progress notes from the Neurologist is dated January 24, 2014. Her subjective complaints included headaches, imbalance, difficulty with writing. Her mental status examination was normal with alert, oriented to person, place and time. Her recall was 3/3 after five minutes, calculation ability was intact and she was able to repeat three reverse digits. She recent and remote memory were intact and rest of the neurological examination was also normal. Impression was head contusion with residual complaints of headaches and vestibular imbalance. She was also suspected to have adjustment disorder with depression and anxiety and was under a Psychologist's care. She was also referred for Neuropsychological testing. She was on Nortriptyline 10mg BID and was also receiving vestibular therapy. She had neurocognitive examination on April 18, 2014. The diagnostic impressions were profound cognitive impairment consistent with dementia, chronic somatoform disorder and possible frontotemporal dementia not as a result of the trauma. Recommendations

were made to continue current Neurological and Psychological care with pain program and possible couple counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to occupational therapist and/or physical medicine doctor for possible rehabilitation program for closed head trauma and brain injury: 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, Cognitive therapy and cognitive skills retraining.

Decision rationale: The employee was being treated for post traumatic cephalgia, adjustment disorder with depression and anxiety and musculoskeletal pain of lower back. She was being followed by a Psychologist, a Neurologist and an Orthopedic physician. Her Neuropsychology testing failed to reveal any evidence of traumatic brain injury and instead showed evidence of dementia and somatoform disorder. According to Official Disability Guidelines, cognitive therapy and skills retraining is recommended in traumatic brain injury, since cognitive behavioral psychotherapy and cognitive remediation appear to diminish psychologic distress and improve cognitive functioning. The employee had a neuropsychological testing that failed to reveal traumatic brain injury. Instead the primary diagnosis was dementia with worsening symptoms which would go against a TBI which would improve with time. The request for a referral to occupational therapist and/or physical medicine doctor for possible rehabilitation program for closed head trauma and brain injury is not medically necessary or appropriate.