

Case Number:	CM14-0042344		
Date Assigned:	06/30/2014	Date of Injury:	08/23/2013
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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:

The patient is 57-year-old male who has submitted a claim for acute knee lateral meniscus tear, partial tear of rotator cuff, subdural hemorrhage, cervical strain, closed skull fracture, closed rib fracture associated from an industrial injury date of August 23, 2013. Medical records from 2013-2014 were reviewed, the latest of which dated June 24, 2014 revealed that the patient is doing well. He works but only one day per week and not allowed to climb ladders. He has some pain in the left shoulder but takes Relafen for that. On physical examination, there is mild tenderness in the acromioclavicular joint. There is limitation in range of motion of the left shoulder with forward flexion to approximately 160 degrees, abduction to approximately 160 degrees with minimal pain at 90 degrees. Head CT scan dated September 11, 2013 revealed no evidence of new acute intracranial hemorrhage; left frontal scalp cephalhematoma and laceration with an adjacent linear lucency through the left frontal bone likely representing a nondisplaced left frontal bone fracture. Head CT scan dated August 27, 2013 revealed large left frontoparietal scalp hematoma; linear lucency within the left mid zygomatic arch without offset or displacement, remote from the scalp hematoma; parenchymal hematoma/contusion within the right posterior temporal lobe adjacent to the petrous apex without surrounding vasogenic edema; small amount of adjacent subdural hemorrhage. Treatment to date has included cortisone injection, physical therapy, and medications, which include Norco, Neurontin, Relafen, Nabumetone, Extra-Strength Ben-Gay and Lidoderm patch. Utilization review from March 27, 2014 denied the request for MRI of the brain because there has been previous head CT scans and the patient continues to improve with no documented worsening neurological findings; denied the request for neuropsychology consultation and neurocognitive instruction because there has been neuropsychology consultation, speech/cognitive therapy was recommended, the patient continues to improve, and it is unclear what neurocognitive instruction is needed and for what

deficit; and modified the request for work conditioning 3 X 2 weeks to additional work conditioning of 4 sessions because there have been 6 visits of work conditioning, totaling 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS does not address the topic on brain MRI. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. ODG indications for brain MRI include to determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; or to define evidence of acute changes superimposed on previous trauma or disease. The patient had previous head CT scans; the latest dated September 11, 2013 revealed no evidence of new acute intracranial hemorrhage. There is no new injury or worsening of symptoms. The medical necessity for brain MRI was not established. Therefore, the request for brain MRI is not medically necessary.

Neuropsych consultation and Neurocognitive instruction: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. As stated on pages 19-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications is recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, neuropsychology

consult was requested for the neurologic consequences of his traumatic brain injury, and neurocognitive testing was requested to be certain that it is safe for the patient to return to work. The patient had neuropsychology (1/28/14) and neurology (2/7/14) consults that revealed persistent deficits, some subtle, expectation of 12-18 months to reach maximum recovery, and a recommendation for reevaluation prior to return to work to ensure safety. The most recent clinical evaluation reveals that the patient is improving. Although there is no new injury or worsening of symptoms, the medical necessities for neuropsychology consultation and neurocognitive instruction were established. Therefore, the request for Neuropsychology Consultation and Neurocognitive Instruction are medically necessary.

Work conditioning 3 X 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine, Work Conditioning.

Decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; worker must not be more than 2 years past injury date; a defined return to work goal; and the program should be completed in 4 weeks. ODG Physical Medicine Guidelines recommend 10 visits over 8 weeks for work conditioning. The patient has completed 6 visits of work conditioning. Additional visits requested exceed guideline recommendation. Therefore, the request for Work Conditioning 3 X 2 weeks is not medically necessary.