MAXIMUS Federal Services

Case Number:	CM14-0043494		
Date Assigned:	07/02/2014	Date of Injury:	07/05/2011
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 a 19-year-old female who reported an injury on 07/05/2011. The mechanism of injury was not specifically stated. The current diagnoses include closed head injury with brief loss of consciousness, frontal lobe skull fracture, occipital lobe subdural hematoma, traumatic brain injury, post-concussive syndrome, cognitive disorder, mood disorder, ongoing mild headaches, ongoing dizziness and adjustment disorder with mixed emotional features. The injured worker was evaluated on 06/24/2014. The injured worker presented with a significantly worsened psychological status. The injured worker reported a mild improvement in symptoms with the use of Celexa 10 mg. Previous conservative treatment includes acupuncture. Physical examination was not provided on that date. Treatment recommendations included 8 additional sessions of cognitive rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Rehabilitation x8: Upheld

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

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, Cognitive skills retraining.

Decision rationale: Official Disability Guidelines state cognitive skills retraining is recommended, especially when the retraining is focused on relearning specific skills. For concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post-injury. As per the documentation submitted, the injured worker has previously participated in cognitive rehabilitation. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, additional treatment cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.