MAXIMUS Federal Services

Case Number:	CM14-0047386		
Date Assigned:	07/02/2014	Date of Injury:	09/28/2002
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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 Geriatrics and is licensed to practice in New York. 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 58 year old man with a date of injury of 9/28/02. He has received cognitive retraining and therapy in the past and was independent in an exercise program. Prior notes indicate that he was medically stable though continued to have permanent impairments related to his traumatic brain injury. He was seen by his physician on 2/13/14 and reported no significant new problems. He had received a note from a cognitive therapist who recommended continued cognitive therapy, language therapy and swallowing therapy. He used a unit for tinnitis which needs to be reevaluated per his physician to see if he required a replacement. He was seeing a massage therapist for neck, shoulder and upper/lower spine pain and it was said to keep his pain symptoms under control. His physical exam showed symmetric reflexes in both the upper and lower extremities and he had good strength in his arms and legs. His diagnoses were traumatic brain injury with residual cognitive deficits, chronic tinnitus and difficulty with falls. At issue in this review is the issue for ongoing cognitive speech therapy and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Speech Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Speech Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 35.

Decision rationale: This injured worker has a history of traumatic brain injury in 2002 with a history of ongoing cognitive speech therapy treatment. Patient rehabilitation after traumatic brain injury is divided into two periods: acute and subacute. In the beginning of rehabilitation therapist evaluates patient's functional status, later he uses methods and means of treatment, and evaluates effectiveness of rehabilitation. Early ambulation is very important for patients with coma. Early rehabilitation is necessary for traumatic brain injury patients and use of therapy methods can help to regain lost functions and to come back to the society. This individual's injury is from 2002 and it is unlikely that ongoing therapy will facilitate new cognitive gains or improvement. The records do not support that the medical necessity for ongoing cognitive speech therapy.

Massage Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: Massage therapy is recommended as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. He has had ongoing massage therapy and also is able to exercise and has an independent exercise program. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. This injured worker has chronic pain and has not had any recent surgery and he is well beyond the 6 visit limit of massage therapy. The medical records do not support the medical necessity of massage therapy.