

Case Number:	CM14-0056365		
Date Assigned:	07/09/2014	Date of Injury:	12/07/2012
Decision Date:	12/03/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family 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:

According to the medical records the patient is a 49-year-old female police captain who sustained an industrial injury on Injury on 12/7/12. On the date of the injury, the patient was involved in a high speed severe motor vehicle accident and sustained subarachnoid hemorrhage, left brachial plexus lesion, multiple pelvic fractures, left tibia, right femur, and right foot fractures. Utilization review dated 4/11/14 rendered partial certification for corrective lenses. The request was modified to allow prescription glasses for distance to be used for ambulation with a base in prism and prescription glasses for near point and reading to help with attention and concentration. The request for adaptive driving evaluation and training was modified to allow adaptive driving evaluation. The request for community gym membership for 12 months was noncertified. Neuropsychological progress report dated August 27, 2014 noted that the patient presents with left brachial plexus injury and left arm pain. This report notes that the patient is now driving and would like to return to light duty work assignment of administrative tasks on a part-time basis. Recent neuropsychological testing revealed evidence of deficits and processing speed and executive functioning. On examination, it is noted that the patient's left arm was flaccid and in a sling secondary to her brachial plexus injury. It is noted that she drove herself to the most recent session. She was diagnosed with cerebral contusion without mention of open intracranial wound, unspecified state of consciousness; cognitive disorder, status posttraumatic brain injury with subarachnoid hemorrhage, left brachial plexus lesion, multiple fractures, posttraumatic amnesia 6 to 8 weeks, prolonged disability, and current GAF (Global Assessment of Functioning) is 57. Treatment recommendation included gym membership to increase daily productive, self-directed activity and socialization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corrective Lenses: Overturned

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), Eye, return to work pathway and on Other Medical Treatment Guideline or Medical Evidence:
http://en.wikipedia.org/wiki/Corrective_lens.

Decision rationale: The request for corrective lenses is supported. The patient was involved in a severe motor vehicle accident and sustained multiple injuries. It is noted that the patient wants to return to work. The request for corrective lenses is supported to allow the patient improved vision and improved function. The request is medically necessary.

Adaptive Driving evaluation and training: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127

Decision rationale: The patient was involved in motor vehicle accident and sustained multiple injuries. The patient is motivated to improve her life and is motivated to return to the work. The patient's injuries support the request for adaptive driving evaluation and training. The request is medically necessary.

Community Gym membership for 12 months: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym memberships

Decision rationale: References state that gym membership is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The medical records do not establish that a HEP (home exercise program) has been ineffective and that there is a need for special equipment. Plus, the guidelines state that treatment needs to be monitored and administered by medical professionals. In addition, references state that with unsupervised programs there is no

information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. As such, the request for gym membership is not medically necessary.