

Case Number:	CM14-0066644		
Date Assigned:	07/11/2014	Date of Injury:	11/04/2012
Decision Date:	08/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/10/2014

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 Licensed in Psychology 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 claimant is an 83-year-old male with a date of injury of 11/4/12. The claimant sustained a traumatic brain injury when he tripped on a wire while carrying some flowers and struck his head on the concrete floor. The claimant sustained this injury while working as a florist for [REDACTED]. In a recent PR-2 report from the treating physician dated 5/6/14, the claimant is diagnosed with: (1) Traumatic closed head injury/right frontal intraparenchymal hemorrhage; (2) Right subdural hematoma/subarachnoid hemorrhage; (3) History of renal insufficiency; (4) History of gout; (5) History of coronary artery disease/M.I.; (6) History of lumbar spinal stenosis; (7) History of degenerative joint disease of the ankles and knees; (8) History of bilateral shoulder DJD/left rotator cuff impingement; (9) Impaired visual perceptual abilities; (10) Impaired gait and balance with history of falls; and (11) Orthostatic hypotension. Additionally, the claimant completed a neuropsychological evaluation. In the Comprehensive Neuropsychological Evaluation Report/Maximal Medical Improvement Status Evaluation from April of 2014, the evaluating doctor diagnosed the claimant with: (1) Cognitive disorder NOS (mild cognitive impairment); and (2) Mood disorder due to traumatic brain injury with mixed emotional features (depression and anxiety).

IMR ISSUES, DECISIONS AND RATIONALES

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

Clinic Therapy 3 HRS Per Day, 1 Day Per Week: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG head.

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, Interdisciplinary rehabilitation programs and Multidisciplinary community rehabilitation.

Decision rationale: Based on the review of the medical records, the claimant continues to experience symptoms despite ongoing rehabilitation. Subsequent to the request under review, the claimant fell and was hospitalized at [REDACTED]. Following his discharge from the hospital, he returned to the board and care facility where he had been living. Prior to the fall on 5/10/14, the claimant had been receiving services at the [REDACTED] one day per week. While at the facility, the claimant received physical therapy and occupational therapy; there was the availability of counseling as well. The request under review is for an extension of these services. Given the claimant's continued impairments and symptoms, the request for Clinic Therapy 3 hours per day, 1 day per week appears reasonable and medically necessary.

Neuro rehab specialist staff 5 days per week for 6 hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - ODG Head.

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, Home health services and Cognitive skills retraining.

Decision rationale: Based on the review of the medical records, the claimant continues to experience symptoms despite ongoing rehabilitation. Subsequent to the request under review, the claimant fell and was hospitalized at [REDACTED]. Following his discharge from the hospital, he returned to the board and care facility where he had been living. He was discharged with home health assistance, so at this time the request for Neuro rehab specialist staff 5 days per week for 6 hours per day appears excessive. As a result, the request is not medically necessary.