

Case Number:	CM14-0079836		
Date Assigned:	06/04/2014	Date of Injury:	11/08/2012
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 10/9/13 Progress Report-2 notes follow-up for blunt head trauma, head concussion, and cervical spine strain and right shoulder strain/contusion. The injured worker has headaches that have not resolved. Neuropsychological testing was performed on two occasions 10/1 and 10/8/13. On examination, the injured worker is noted to be slow in mentation but oriented to time, place, and person. Cranial nerves 2-12 are intact. Grip strength in the hands is 4/5. The 10/18/13 neuropsychological evaluation notes memory complaints. Mild traumatic brain injury is reported. Performance on testing was noted to have below normal values for effort/validity and as such a cognitive profile could not be determined at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Sessions of [REDACTED], to include 24 Speech Therapy sessions:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Multidisciplinary Institutional Rehabilitation.

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

Decision rationale: The available medical records do not indicate objective support of a mild, moderate, or severe brain injury. Performance on testing was noted to have below normal values for effort/validity and as such, a cognitive profile could not be determined at that time. Neuropsychological testing was performed on two occasions 10/1 and 10/8/13. Without demonstrated objective brain injury and objective validated goals of therapy, therapy treatment plan is not supported and as such additional neuroskills therapy is not supported. Therefore, the request for additional sessions of centre for neuroskills, to include 24 speech therapy sessions is not medically necessary.

Additional Sessions of [REDACTED], to include 32 Physical Therapy sessions:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Multidisciplinary Institutional Rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, physical medicine treatment.

Decision rationale: The available medical records do not indicate objective support of a mild, moderate, or severe brain injury or indicate specific objective outcome of therapy to date with validated deficits and goals of further therapy. Performance on testing was noted to have below normal values for effort/validity and as such, a cognitive profile could not be determined at that time. Neuropsychological testing was performed on two occasions 10/1 and 10/8/13. Without demonstrated objective brain injury and objective validated goals for further therapy, treatment plan is not supported and as such additional neuroskills physical therapy is not supported. Therefore, the request for additional sessions of centre for neuroskills, to include 32 physical therapy sessions is not medically necessary.

Additional Sessions of [REDACTED], to include 16 Occupational Therapy sessions:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Multidisciplinary Institutional Rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, physical medicine treatment.

Decision rationale: The available medical records do not indicate objective support of a mild, moderate, or severe brain injury or indicate specific objective outcome of therapy to date with validated deficits and goals of further therapy. Performance on testing was noted to have below normal values for effort/validity and as such, a cognitive profile could not be determined at that

time. Neuropsychological testing was performed on two occasions 10/1 and 10/8/13. Without demonstrated objective brain injury and objective validated goals for further therapy, treatment plan is not supported and as such additional neuroskills occupational therapy is not supported. Therefore, the request for additional sessions of centre for neuroskills, to include 16 occupational therapy sessions is not medically necessary.