

<b>Case Number:</b>	CM14-0093172		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Nevada. 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 records presented for review indicate that this 37-year-old gentleman was reportedly injured on April 20, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of concern regarding cognitive functioning. There was a recommendation on this date for the injured employee to attend psychotherapy, group's therapy, medication management, a referral to pain management, outpatient residential treatment, and a consultation with a comprehensive brain injury rehabilitation center. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes brain injury rehabilitation. A request had been made for brain injury rehabilitation for 90 days and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brain injury rehab x90 days (6 hours/day x 5 days/week): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in workers compensation-Head Procedure SummaryMDA internet Duration 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, Interdisciplinary Rehabilitation Programs, Updated August 11, 2014.

**Decision rationale:** A review of the attached medical record indicates that the injured employee had initial treatment for a brain injury for 10 days time followed by 30 days of brain injury rehabilitation. While the most recent visit dated May 20, 2014, points out some cognitive deficits of the injured employee there appear to be no significant improvement in prior brain rehabilitation training. As such, without additional justification, this request for brain injury rehabilitation for 90 days is not medically necessary.