

Case Number:	CM14-0187868		
Date Assigned:	11/18/2014	Date of Injury:	03/27/2014
Decision Date:	01/06/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/11/2014

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:

This case involves an injured worker who fell from a ladder and was knocked out on 3/27/14. Symptoms of headache and reported seizure were noted. The insured was reported to have been worked up and had "some bleeding in the brain". It was reported that the injured worker had difficulty with poor memory, concentration, and word finding problems, trouble finishing tasks, and irritability. There are headaches with light sensitivity, and poor balance. There is decreased grip on right and forearm pain. Physical examination noted no recall of 3 objects after five minutes; antalgic gait favoring the right knee and strength in right hand was reduced compared to the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain assessment to include analysis of balance, speech, gross and fine manipulation:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated/Disability Duration Guidelines Head (updated 08/11/14)

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

Decision rationale: Official Disability Guidelines (ODG) support referral for specialty evaluation and cognitive evaluation when there is evidence of brain injury and examination notes abnormal neurologic examination. The medical records indicate an inciting event of a fall with reported symptoms of brain injury including "bleeding" and physical examination noting abnormal cognitive screening tests of abnormal recall and neurologic deficit of strength asymmetry. As such, the medical records support referral for cognitive evaluation. Therefore, this request is medically necessary.