

Case Number:	CM14-0191949		
Date Assigned:	11/25/2014	Date of Injury:	02/17/2012
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 a licensed Doctor of 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 injured worker is a 59 year-old male (██████████) with a date of injury of 2/17/12. The injured worker sustained injuries to his head, neck, back, upper extremities, and right knee when he fell down a flight of stairs, landing onto his outstretched left arm and striking his head with a brief loss of consciousness. The injured worker sustained these injuries while working as a manager for ██████████. The injured worker has been treating with Physician, ██████████, regarding his right knee. Additionally, the injured worker was evaluated by Clinical Neuropsychologist, ██████████ on May 3, 2013. In the initial report dated 5/20/13, ██████████ diagnosed the injured worker with: (1) Cognitive disorder secondary to mild brain injury; (2) Pain disorder associated with both psychological factors and general medical condition; and (3) Adjustment disorder with mixed anxiety and depressed mood. The injured worker has been participating in cognitive therapy with ██████████.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Therapy 10 additional sessions: Upheld

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

Cognitive therapy Recommended with restrictions below. For concussion/ mild traumatic brain injury, neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination

Decision rationale: The CA MTUS does not address the treatment of cognitive disorder or head injury therefore; the Official Disability Guidelines regarding the use of cognitive therapy for head trauma will be used as reference for this case. Based on the review of the limited medical records, the injured worker was evaluated by Clinical Neuropsychologist, [REDACTED] in May 2013 and received follow-up cognitive therapy. Unfortunately, other than [REDACTED] initial evaluation; there are no other medical records from him submitted for review. Therefore, the number of sessions completed to date nor the progress made from those sessions is known. In a recent report dated 10/9/14, [REDACTED] wrote, "The patient also has been attending cognitive therapy and has made some progress in that area but is still not normal. His therapist requests additional treatments....this patient requires cognitive therapy to continue for 10 additional sessions." Although [REDACTED] recommends additional cognitive sessions, there is no documentation to substantiate the request. As a result, the request for "Cognitive Therapy 10 additional sessions" is not medically necessary.