

Case Number:	CM15-0003968		
Date Assigned:	01/15/2015	Date of Injury:	05/12/2014
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 27 year old male working as a sheriff's deputy when he was side swiped by another car and his vehicle was pushed into a pole. The injury date is 05/13/2014. He sustained a traumatic brain injury and multiple fractures. After discharge from the hospital he underwent comprehensive neuro-rehab. On 10/08/2014 the provider documents overall he is stable with some improvement in some symptoms though overriding issue is patient's behavior, anger, anxiety and depression for which he is being seen by both psychology and neuropsychology and is on medications. On 10/13/2014 the injured worker had left fronto-parietal occipital cranioplasty greater than 5 cm, resection of left fronto-temporal extradural mass, left fronto-temporal repair of skull defect and cranioplasty. He developed MRSA post-surgery with complications of tachycardia, sepsis and anemia. He was placed in intensive care and eventually moved to a surgical floor. Diagnoses include traumatic brain injury, subdural hematoma, subarachnoid hemorrhage, depression, traumatic pneumocephalus, fracture of ribs and pneumothorax. On 12/08/2014 Utilization Review non-certified the request for neuro rehabilitation for strengthening, coordination and balance training noting while additional rehabilitation is likely medically necessary there are no updated clinical reports outlining the claimant's current status. MTUS and ODG were cited. The request for neuro cognitive rehabilitation and speech therapy was non-certified noting there is no updated clinical documentation of the claimant's current status. Official Disability Guidelines were cited. The request for home health evaluation was non-certified noting there is no updated clinical information outlining the claimant's current medical status. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro Rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request is considered not medically necessary. The patient is s/p cranioplasty and will likely need neuro rehabilitation but there are no recent progress notes included in the chart. The patient's current clinical status, neurological deficits, examination, and current complaints have not been documented so it is difficult to say what the patient's needs are at this point. Therefore, at this time, the request is considered not medically necessary.

Neuro Cognitive Rehabilitation and Speech Rehabilitation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Criteria for speech therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation speech therapy-head

Decision rationale: The request is considered not medically necessary. The patient is s/p cranioplasty and will likely need neuro cognitive and speech rehabilitation but there are no recent progress notes included in the chart. The patient's current clinical status, neurological deficits, examination, and current complaints have not been documented so it is difficult to say what the patient's needs are at this point. According to ODG, a diagnosis of speech disorder and clinically documented functional speech disorder is required for speech therapy. Therefore, at this time, the request is considered not medically necessary.

Home Health Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request is considered not medically necessary as stated. According to MTUS, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like

shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed.? As there are no updated notes documenting his current status after his cranioplasty, it is difficult to say whether or not a home health evaluation is needed. Therefore, the request is considered not medically necessary.