

Case Number:	CM15-0008332		
Date Assigned:	01/26/2015	Date of Injury:	05/20/2014
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 is a 57 year-old female who has been diagnosed with a traumatic brain injury, a concussion, headaches, and tinnitus after she reported possibly being hit by a car or other object on 5/20/2014. There was no acute evidence of a significant injury to the head other than a laceration, no loss of consciousness, and there were no neurological deficits. The computed tomography (CT) and magnetic resonance imaging (MRI) of the brain were normal. A case manager (who is apparently not part of the "brain injury specialists" program) has attended this injured worker's case since 6/2/14, and has provided monthly progress and activity reports. Per a neurology-psychiatry evaluation on 8/13/14, there were ongoing, non-specific head symptoms and cognitive deficits. There was no evidence of significant brain injury. The report recommended amitriptyline and 4 more weeks of treatment with the brain injury specialists. Reports from the primary treating physician during 2014 are brief, note ongoing persistent headaches and buzzing in the ears, no specific and significant improvement, and "temporarily totally disabled" work status. Per the Request for Authorization of 12/3/14, the injured worker was referred for physical therapy for the shoulder and an ear, nose and throat (ENT) evaluation for headaches and tinnitus. A multidisciplinary "brain injury specialists" program for 12 weeks was prescribed. The initial evaluation for this program was on 6/18/14, at which time 2 weeks of therapy were prescribed. The treatment program with the "brain injury specialists" includes physical therapy, occupational therapy, internal case management, and psychotherapy. Per the occupational therapy report of 12/8/14, the injured worker sometimes forgets ingredients in complex meal preparations, is taking college classes in computer assisted

drawing (CAD), has trouble with noisy tasks, has headaches with activities, and cannot consider return to any form of work. Per the Speech Pathology report of 12/8/14, there are slight memory deficits. Per the physical therapy report of 12/8/14, the injured worker can tolerate regular walking, has functional shoulder strength, has ongoing shoulder pain, and is limited by headaches. None of these reports lists the quantity of visits completed to date. There are no reports from psychotherapy or the internal case manager. Reports during the 5-6 months of treatment show ongoing headaches which limit activity, non-specific lack of endurance, and minor memory deficits. No reports show a return to work or a level of functional deficits requiring regular visits for skilled therapy. The injured worker has been participating in classes, driving, and performing all usual activities of daily living (ADLs) for months. As of 12/10/14, the brain injury specialists prescribed further physical therapy, occupational therapy, speech therapy, psychotherapy, and case management. These prescriptions were evaluated in the Utilization Review, with the decisions summarized below. On 12/18/2014 Utilization Review non-certified 16 hour's physical therapy, partially certified occupational therapy and speech therapy, non-certified case management, and non-certified psychological counseling. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (once a week, 2 hour session for 16 hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement; Physical Medicine Page(s): 9; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, treatment of mild TBI

Decision rationale: The physical therapy that has been provided is non-specific, does not clearly address a head injury, and does not reflect treatment which could not be performed independently after a period of initial instruction. The most recent report from physical therapy shows only mild symptoms not requiring skilled therapy. The physical therapy reports do not show the quantity of visits completed to date, but by the dates of therapy, treatment has been provided for nearly 6 months, at least weekly. The quantity of visits recommended in the MTUS for chronic pain (up to 10 visits) is greatly exceeded. There is no indication for prolonged physical therapy to treat a mild traumatic brain injury (assuming that such an injury exists, as the criteria for the diagnosis in this case are marginal). The MTUS does not provide direction for treating a concussion or mild brain injury. The Official Disability Guidelines are cited above, and recommend a maximum of 4-6 months of care even for severe head injuries. These guidelines do not have a recommendation for prolonged physical therapy after a mild brain injury or concussion. More severe head injuries may require more intensive treatment, but a more severe injury did not occur in this case. Continued physical therapy is not medically necessary in this case due to the extensive therapy already completed, lack of specific deficits requiring skilled care, and the guideline recommendations.

Occupational Therapy (2 times a week, 2 hours sessions for 16 hours): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement; Physical Medicine Page(s): 9; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, treatment of mild TBI

Decision rationale: The recent occupational therapy does not reflect treatment which could not be performed independently after a period of initial instruction. The most recent report from occupational therapy shows only mild symptoms not requiring skilled therapy. There are very slight memory deficits which should be manageable after a long course of supervised therapy. The ongoing headaches are chronic, persistent, not substantially improving, and not an indication for occupational therapy. The occupational therapy reports do not show the quantity of visits completed to date, but by the dates of therapy, treatment has been provided for nearly 6 months, at least weekly. The quantity of visits recommended in the MTUS for chronic pain (up to 10 visits) is greatly exceeded. There is no indication for prolonged occupational therapy to treat a mild traumatic brain injury (assuming that such an injury exists, as the criteria for the diagnosis in this case are marginal). The MTUS does not provide direction for treating a concussion or mild brain injury. The Official Disability Guidelines are cited above, and recommend a maximum of 4-6 months of care even for severe head injuries. These guidelines do not have a recommendation for prolonged occupational therapy after a mild brain injury or concussion. More severe head injuries may require more intensive treatment, but a more severe injury did not occur in this case. The functional improvement to date is equivocal, given that the primary treating physician continues to describe the injured worker as "temporarily totally disabled", and the therapy reports note that the injured worker cannot consider return to work in any form. Continued occupational therapy is not medically necessary in this case due to the extensive therapy already completed, lack of specific deficits requiring skilled care, and the guideline recommendations.

Speech Therapy (once a week, 2 hours sessions for 8 hours): 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 (ODG-TWC) Head Procedure Summary

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, treatment of mild TBI

Decision rationale: The most recent speech pathology report does not provide evidence of significant deficits for which ongoing skilled care is required. The slight memory deficits have been reported since the original injury and have not changed substantially. The minimal deficits should be manageable independently after the nearly 6 months of skilled care. The speech therapy reports do not show the quantity of visits completed to date, but by the dates of therapy,

treatment has been provided for nearly 6 months, at least weekly. There is no indication for prolonged speech therapy to treat a mild traumatic brain injury (assuming that such an injury exists, as the criteria for the diagnosis in this case are marginal). The MTUS does not provide direction for treating a concussion or mild brain injury. The Official Disability Guidelines are cited above, and recommend a maximum of 4-6 months of care even for severe head injuries. These guidelines do not have a recommendation for prolonged speech therapy after a mild brain injury or concussion. More severe head injuries may require more intensive treatment, but a more severe injury did not occur in this case. The functional improvement to date is equivocal, given that the primary treating physician continues to describe the injured worker as "temporarily totally disabled", and the therapy reports note that the injured worker cannot consider return to work in any form. Continued speech therapy is not medically necessary in this case due to the extensive therapy already completed, lack of specific deficits requiring skilled care, and the guideline recommendations.

Psychological Counseling (1 hour per week: 4 hours): 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 (ODG-TWC) Head Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 8-9; 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, treatment of mild TBI

Decision rationale: The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of CBT is an option, with results of treatment determined by functional improvement. The maximum quantity of visits for CBT is 10, which will have been greatly exceeded after 6 months of weekly therapy. There are no reports regarding psychotherapy visit quantity, content, or results. According to the dates of therapy, treatment has been provided for nearly 6 months, at least weekly. There is no indication for prolonged psychotherapy to treat a mild traumatic brain injury (assuming that such an injury exists, as the criteria for the diagnosis in this case are marginal). The MTUS does not provide direction for treating a concussion or mild brain injury. The Official Disability Guidelines are cited above, and recommend a maximum of 4-6 months of care even for severe head injuries. These guidelines do not have a recommendation for prolonged psychotherapy after a mild brain injury or concussion. More severe head injuries may require more intensive treatment, but a more severe injury did not occur in this case. The functional improvement to date is equivocal, given that the primary treating physician continues to describe the injured worker as "temporarily totally disabled", and the therapy reports note that the injured worker cannot consider return to work in any form. Continued psychotherapy is not medically necessary in this case due to the extensive therapy already completed, lack of specific deficits requiring skilled care, lack of any reports of psychotherapy, and the guideline recommendations.

Case Management (1 hour per week: 4 hours): 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 (ODG-TWC) Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Page 90, Chapter 5: Case manager recommended for delayed functional recovery

Decision rationale: The request for a "case manager" derives from the brain injury specialists. There are no reports from this case manager, no references to this person in the other reports from the brain injury specialists, and no description as to the actual role of this person. There is already a case manager who has been assigned to this case from early on, and there are multiple reports from this case manager, as would be expected. Given the existence of a non- brain injury specialists case manager it is not clear why a second case manager is required. And given that the brain injury specialists have not provided any information about this second case manager, the medical necessity has not been provided. The MTUS does not provide direction for using a case manager. The cited guidelines support the use of a case manager but using more than one is redundant. For these reasons, the requested case manager, who is apparently a second case manager internal to the brain injury specialists, is not medically necessary.