

<b>Case Number:</b>	CM14-0119933		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/17/2001
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Neurocritical Care 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:

This is a 65-year-old male with a 07/17/2001 date of injury, due to a motor vehicle accident that resulted in traumatic brain injury. 7/11/14 determination was non-certified given no specific details to understand the particular goals proposed for ongoing or increased therapy. The determination stated that on 6/30/14, nurse [REDACTED] wrote a letter on behalf of [REDACTED] noting that the patient received assistance for most of his activities of daily living. It was noted that the patient's therapist recommended increasing the patient's therapy to a Level II so that the patient could receive 7.5 hours of therapy. The main focus of therapy was apparently right upper extremity neurologic re-education, and active range of motion, sitting, and standing balance, and increasing initiation at basic ADLs performance. There are several hand written and illegible medical notes. There are medical reports from a hospitalization in February 2014 due to seizures. It was noted that the patient usually was awake, able to move the left arm to feed himself, and able to communicate verbally. The patient stayed 5 days in the hospital at that time. However, more recent reports were not provided for review. The records indicate that the patient was living at a skilled nursing facility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing level II care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/ Head, physical medicine treatment Peer review contact with Dr Ronald Correa

**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 Physical medicine treatment

**Decision rationale:** The patient suffered a traumatic brain injury secondary to a MVA in 2001. It was noted that in February 2014 he was hospitalized due to seizures. The prior determination stated that the requested level II care was for more intensive physical therapy. It appeared that the patient was wheelchair bound and was able to move the left upper extremity and to communicate verbally. However, there were no prior physical therapy notes provided or medical records identifying the patient's current clinical state. There was no indication that the patient had an acute onset of impairment or regression from previous chronic state necessitating a more intensive program. The duration of the program was also not indicated, nor the goals to achieve in such. There was no indication that significant functional improvement was expected, given chronicity of the patient's condition. The medical necessity was not substantiated.