

Case Number:	CM14-0033788		
Date Assigned:	03/19/2014	Date of Injury:	08/22/2013
Decision Date:	05/01/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine & Rehabilitation 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 21 year-old patient sustained an injury on 8/22/13 while employed by [REDACTED]. Request under consideration include an outpatient day treatment program (PT, OT, ST, NP) 6 hrs. per day 4x/wk. for 3 wks. Report from the emergency room (ER) dated 10/23/13 noted the patient sustained a head injury when he was hit on the head with a wood beam. CT scan noted brain swelling; however, without intracranial bleed; MRI with cystic findings and carotid calcification without specific tissue injury. He has had headaches and intermittent numbness in his extremities with visual hallucinations. The patient has past medical history of attention deficit hyperactivity disorder (ADHD); reported skull fracture at age 6; bilateral upper extremity fractures and ankle fracture prior to current injury claim. Exam showed head normocephalic and atraumatic; neck with normal range; active and cooperative; neurological showed alert and oriented x 4; normal strength; normal stable gait and ambulatory; neuro intact; no cranial deficit; psychiatric exam noted affect labile with normal speech; expresses impulsivity. Diagnoses include headache (resolved); nausea (resolved); and visual hallucination (resolved). Treatment included Motrin, Phenergan, neurological recheck. The report of 11/20/13 from a neurology provider indicates that a log about 3 feet long had been thrown and struck the top of his head without loss of consciousness. The patient drove himself to the ER and was treated with steri-strip bandages for his wound. Exam of head noted no indication of traumatic lesions; scalp without lesions; tenderness of cervical spinous processes with limited active range in all planes; full range of all extremities; back with tenderness with normal range of lumbar motion; negative bilateral Patrick's, Lasegue's, Babinski's, and SLR; motor and sensory intact along with DTRs symmetrical 2+. The patient was provided marijuana for headache symptoms as he noted he could not tolerate the medications prescribed. The patient had admission note of 1/20/14 for outpatient treatment program. The multi-disciplinary report of 2/10/14 noted that the patient was

in occupational therapy and continued to be varied in all task with higher participation and accuracy in function; independent in simple navigation, spatial awareness, visual perceptual skills, and good thought organization; completed visual sequential memory with shapes at 100% accuracy; had 7-8/10 pain in the posterior neck at all times; with 10% decrease in active range of motion; unable to tolerate manual assessment secondary to patient reporting hypersensitivity. Neuropsychological testing revealed evidence of inadequate effort was strongly indicated in the profile. Diagnoses included mild traumatic brain injury, post-concussive syndrome with physical, emotional, and cognitive issues, and rule out vestibular dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT DAY TREATMENT PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Head, Interdisciplinary Rehabilitation Programs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs, Function Restoration, Program Page(s): 30-34 and 49. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Head, Physical Medicine Treatment, pg. 215-216

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a functional restoration outpatient treatment program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/ psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; a level of disability or dysfunction; no drug dependence or problematic or significant opioid usage; and a clinical problem for which a return to work can be anticipated upon completion of the services. There is no report of the above as the patient had resolution of symptoms from follow-up ER note and neurology consult without neck or low back symptoms or neurological deficits or any clinical findings that now has worsened to significant pain level with neck range limitations despite not working or report of any acute new injury or red-flag conditions. Diagnostics have been unremarkable. There are no clear identified limitations with any specific activities of daily living, without functional improvement from day program treatments already rendered. The patient has previous history of ADHD and continues to exhibit some compulsivity; however, neuropsychological testing show inadequate effort profile, a poor indication for any successful outcome for functional restoration program without clear aspiration to return to work. Therefore, the requested outpatient day treatment program is not medically necessary and appropriate.