

Case Number:	CM14-0146306		
Date Assigned:	09/15/2014	Date of Injury:	10/22/2009
Decision Date:	02/11/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/09/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 46 year old male with the past medical history of hypertension, coagulopathy and Left shoulder subluxation who is reported to have been injured on 10/22/2009. The mechanism of injury was not specified, but he is reported to have suffered a stroke on 10/23/2009. The stroke resulted in left temporo-parietal cerebral hemorrhage with left hemiparesis. He is reported to be having difficulty with peripheral vision, bumps into objects in his left, and suffers from balance and gait problems, difficulty following directions, poor memory and sensitivity to light. The physical examination revealed several defects in his vision including right eye visual acuity of 20/100, and left eye visual acuity of 20/30; abnormal visual field on the left, and homonymous hemianopsia. The worker has been diagnosed of left inferior Quadrantinopsia, binocular dysfunction, visual field spatial dysfunction, convergence insufficiency, Anisometropia. Treatments have included Lexapro and Keppra. He is being treated by a team of healthcare practitioners including occupational therapist, physical therapist and Optometrist, who have been having conferences with him, his wife, and representatives of the Insurance. The goal of the conference has been to review status and obtain input for programing needs. The last conference was for the months of May and June 2014. At dispute is the request for Medical Team Conference and Medical reports. The utilization reviewer denied the request because the worker has not been authorized for a multi-disciplinary care. The reviewer also argued against the work relatedness of this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Team Conference and Medical reports: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Management of Traumatic Brain Injuries

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 28-29.

Decision rationale: The injured worker sustained a work related injury on 10/22/2009. The medical records provided indicate the diagnosis of left inferior Quadrantanopsia, binocular dysfunction, visual field spatial dysfunction, convergence insufficiency, Anisometropia. Treatments have included Lexapro and Keppra. He is being treated by a team of healthcare practitioners including occupational therapist, physical therapist and Optometrist, who have been having conferences with him, his wife, and representatives of the Insurance. The medical records provided for review do not indicate a medical necessity for Medical Team Conference and Medical reports. Although the date injured worker is reported to have been injured on 10/22/2009, the record does not include the mechanism of injury which is fundamental in establishing work relatedness; rather the record indicates he has a history of hypertension and suffered from stroke on 10/23/2009. The stroke resulted in cerebral hemorrhage and visual defect. The MTUS recommends occupational history should include a possible work-relatedness of the patient's health concern, in order to obtain an accurate diagnosis to determine compensability or liability. Since it is not possible to determine the work-relatedness of his medical problems, it is not possible to associate his problems to his work. Therefore, the requested conference is not medically necessary and appropriate.