

Case Number:	CM15-0176982		
Date Assigned:	09/17/2015	Date of Injury:	02/25/2013
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male who sustained an industrial injury February 25, 2013, when he fell 40 feet from an electrical tower. He was initially diagnosed with a brain injury, 8th and 9th rib fractures, lung contusion, cardiac contusion, laceration of the chin and forearm, fractures to the spinous process at L3-4 and an abnormal MRI of the brain, revealing evidence of diffuse axonal injury, as well as changes in the right frontal lobe. According to a supported living summary, performed by a clinical case manager, the injured worker participated in the [REDACTED] from September 30, 2013- January 29, 2014. He received occupational therapy and counseling one day a week and rehabilitation services up to three hours a day one day a week. He struggled with the acceptance of not being able to return to work at his usual occupation. He did have a first admission in the program March 21, 2013- September 30, 2013 to a different site. According to a treating physician's report dated May 7, 2015, the injured worker presented for follow-up with reports from his wife that he is having periods of agitation. Neurological examination revealed he is alert and oriented to person, place, purpose, and date with a normal affect; cranial nerve examination is normal; motor examination reveals 5 out of 5 strength in both the upper and lower extremities; no rigidity or tremor at rest; reflexes of the left biceps and brachioradialis are brisk compared to the right; registration testing is 3 out of 3; recall testing is 3 out of 3. Diagnoses are mild traumatic closed head injury with right frontal lobe contusion and diffuse axonal injury; impaired attention, naming and memory; spinous process fracture L3-4; cervical spondylosis C3 through C7; hypothyroidism; hepatic encephalopathy-stable. At issue, is a request for authorization date May 7, 2015, for supported living neuro

rehabilitation specialist services 1 time a week for 3 hours weekly and clinic visits for OT visual therapy and counseling for 6 months. According to utilization review dated August 12, 2015, the request for supported living NRS (Neuro Rehabilitation Specialist) services one time per week for three hours weekly is non-certified. The request for clinic visits for OT Visual Therapy and Counseling for six months is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supported living NRS services 1 time per week for 3 hours weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head - Interdisciplinary rehabilitation programs (TBI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a work injury in February 2013 when he fell 40 feet from an electrical tower. He is receiving ongoing treatment in a supported living program. He has a diagnosis of mild traumatic brain injury with impairment of attention, memory, and naming and visual and balance impairments. When seen, his condition was unchanged. There was a normal cranial nerve examination and normal upper and lower extremity strength. Medications were refilled. Authorization is being requested for continued supported living services one time per week for three hours and physical therapy and counseling for the next six months. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. After a traumatic brain injury, recovery typically occurs for up to 1-2 years with most recovery occurring in the first six months. In this case, the claimant is more than two years status post injury and is permanent and stationary. This prospective request for continued office visits for the next six months is not medically necessary.

Clinic visits for OT Visual therapy and counseling for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head - Interdisciplinary rehabilitation programs (TBI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Vision therapy.

Decision rationale: The claimant sustained a work injury in February 2013 when he fell 40 feet from an electrical tower. He is receiving ongoing treatment in a supported living program. He has a diagnosis of mild traumatic brain injury with impairment of attention, memory, and naming and visual and balance impairments. When seen, his condition was unchanged. There was a normal cranial nerve examination and normal upper and lower extremity strength. Medications were refilled. Authorization is being requested for continued supported living services one time per week for three hours and physical therapy and counseling for the next six months. After a traumatic brain injury, recovery typically occurs for up to 1-2 years with most recovery occurring in the first six months. In this case, the claimant is more than two years status post injury and is permanent and stationary. The number of treatments being requested is in excess of that recommended for this condition and does not reflect a fading of skilled treatments and is not medically necessary.