

Case Number:	CM15-0178918		
Date Assigned:	09/21/2015	Date of Injury:	01/23/2014
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 23 year old male, who sustained an industrial injury on January 23, 2014. He reported a strike to his head with loss of consciousness. He complained of headaches, nausea and dizziness. Computed tomography of the head was unremarkable. The injured worker was currently diagnosed as having cerebral concussion, musculoligamentous sprain and strain of cervical spine, right shoulder sprain and strain, supraspinatus tendinosis and lumbar spine musculoligamentous sprain and strain. Treatment to date has included medication, diagnostic studies, physical therapy, psychological consultation, psychological therapy sessions, medication, neurologic consultation, acupuncture treatment and an electro stimulation home unit. He indicated that "treatment" helps alleviate his pain but only momentarily. On July 2, 2015, the injured worker complained of constant ringing in both ears, continued vertigo, headaches, nausea and difficulty falling asleep. He also complained of throbbing neck pain with radiation into the right shoulder that was rated as a 3-4 on a 1-10 pain scale. He complained of throbbing right shoulder pain with numbness and tingling that was rated a 3-4 on the pain scale. The injured worker also complained of throbbing low back pain with radiation into the right leg with numbness and tingling in the low back and right leg. This pain was rated a 7-8 on the pain scale. The treatment plan included physical therapy, medications and possible trigger point cortisone injections for the right shoulder. On August 12, 2015, utilization review denied a request for day treatment neurological rehabilitation eight hours a day for five days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Day treatment neurological rehabilitation 8 hours a day for 5 days a week: 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), Head, Interdisciplinary rehabilitation programs.

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

Decision rationale: The ACOEM and the California MTUS do not address the requested service. The ODG states that brain injury rehabilitation programs are indicated in GCs scores 3-12 in the initial 24 hours, mobility and functional activity limitations, able to tolerate comprehensive rehabilitation program for 3-4 hours/day for 5 days/week, potential to follow visual or verbal commands, purposeful response or voluntary movement to external stimuli, able to sit supported for 1 hour/day, specific projected treatments with short and long term goals and preadmission assessment by a licensed clinician. The patient has a diagnosis of cerebral concussion and not traumatic brain injury. Therefore, neurologic rehabilitations not indicated and the request is not medically necessary.