

Case Number:	CM15-0063027		
Date Assigned:	04/08/2015	Date of Injury:	01/09/2012
Decision Date:	06/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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: Oregon, California Certification(s)/Specialty: Neurological Surgery

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 63-year-old female who reported an injury on 01/09/2012. The mechanism of injury involved a fall. The current diagnoses include labral tear and rotator cuff tear of the right shoulder, right shoulder impingement, cervical degenerative disc disease, C4-6 foraminal narrowing, post-traumatic headaches, thoracic spine pain, and status post closed head injury. The latest physician progress note submitted for review is documented on 12/19/2014. The injured worker had been previously treated with chiropractic therapy following the initial injury. The injured worker was referred for an MRI scan and was also referred to a psychologist and a neurologist. In 01/2012, the injured worker also underwent an orthopedic evaluation. It was noted in 02/2012 that the injured worker reported a fall in the home, causing an injury to the head. The injured worker then underwent speech therapy and multiple neurological testing. The injured worker was treated with multiple medications and physical therapy as well. The injured worker presented with complaints of persistent pain over multiple areas of the body, as well as moderate to severe headaches. Upon examination, there was tenderness over the trapezius musculature bilaterally, tenderness and guarding in the left greater than right mid scapular region, limited range of motion of the cervical spine, 4/5 motor weakness in the right upper extremity, intact sensation in the bilateral upper extremities, diminished grip strength, and 1+ deep tendon reflexes in the bilateral upper extremities. Examination of the shoulders revealed tenderness over the right AC joint and anterior aspect of the right shoulder, as well as limited range of motion and positive impingement testing. The injured worker was placed on modified work restrictions. Future medical care in the form of orthopedic re-evaluation, oral medication, diagnostic imaging, and physiotherapy was recommended. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Attendance for 2 to 3 months at Coastline acquired brain injury program: 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-TWC), Head procedure summary, Criteria for Interdisciplinary brain injury 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) Head Chapter, Interdisciplinary rehabilitation programs (TBI).

Decision rationale: According to the Official Disability Guidelines, interdisciplinary rehabilitations are recommended as indicated. There should be documentation of mobility and functional activity limitations including vestibular problems. A preadmission assessment should be documented by a licensed clinician including a proposed treatment plan. In this case, the injured worker participated in a brain injury program in 10/2014. There is limited documentation of the most recent progress in the program to support continued participation. As such, the request is not medically necessary at this time.

Annual neuro-optometry evaluations and adjustments as necessary: 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-TWC), Eye Procedure Summary, Office Visits; American Optometric Association, 2005, Recommended Eye Examinations Frequency for Adult Patients.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker was diagnosed with cognitive problems secondary to a head injury. However, the injured worker was issued a partial authorization for 1 annual neuro-optometry evaluation with adjustment. The medical necessity for the additional request has not been established. The request for annual neuro-optometry evaluations with adjustments would not be supported. Given the above, the request is not medically necessary.

Prism therapeutic lenses: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preferred Practice Patterns Committee. Comprehensive adult medical eye evaluation. San Francisco (CA): American Academy of Ophthalmology; 2005, page 15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 14 March 2011. Robert S. Fox, OD. A Rationale for the Use of Prisms in the Vision Therapy Room.

Decision rationale: According to peer reviewed literature, prisms of moderate to high power can have powerful effects on neurology and should be considered primary tools in the therapy room. In this case, the injured worker is status post head injury. However, there is no documentation of a pending neuro-optometry evaluation. There are no significant findings noted on a visual acuity test. The medical necessity for the requested therapeutic lenses has not been established. As such, the request is not medically necessary.

Auditory devices recommended for hearing loss: 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-TWC), Head Procedure Summary, Hearing Aids.

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, Audiometry.

Decision rationale: According to the Official Disability Guidelines, audiometry is recommended following a brain injury or when occupational hearing loss is expected. In this case, the injured worker is status post head injury. However, the injured worker was previously issued authorization for bilateral hearing aids in 02/2015. The specific type of auditory devices requested were not listed. The medical necessity has not been established. As such, the request is not medically necessary.

Neurological consultation including EEG and MRI scans with TBI protocols: 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-TWC), Head Procedure Summary, Office Visits.

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, Electrodiagnostic studies, MRI (magnetic resonance imaging).

Decision rationale: According to the Official Disability Guidelines, electrodiagnostic studies are recommended as indicated. An MRI is indicated when there is a need to determine neurological deficits unexplained on a CT scan, to evaluate prolonged intervals of disturbed consciousness, or to define evidence of an acute change superimposed on previous trauma or disease. In this case, the request for a neurological consultation with EEG and MRI scans would not be supported. The injured worker was issued a previous authorization in 02/2015 for a neurological consultation. In the absence of the consultation report, an MRI and an EEG scan would not be supported. Given the above, the request is not medically necessary.

Occupational and physical therapies 1 x a week for 2-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of a significant functional deficit. The request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.

Vocational Consultation: 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-TWC), Head Procedure Summary, 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) Head Chapter, Work.

Decision rationale: The Official Disability Guidelines recommend a return to work, especially for mild traumatic brain injury. Following a mild traumatic brain injury, many individuals are able to resume normal work activities with secondary prevention precautions and education requiring little or no additional therapeutic intervention. In this case, there is no documentation of a significant functional deficit that would preclude a return to work for this injured worker. It is unclear whether the injured worker has previously failed her return to work. The medical necessity for vocational consultation has not been established in this case. Therefore, the request is not medically necessary.

