

<b>Case Number:</b>	CM15-0068575		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 42 year old male, who sustained an industrial injury on 2/7/14. He reported loss of consciousness and right hip pain related to a fall. The injured worker was diagnosed as having traumatic brain injury, vertigo, right hip pain and cervicalgia. Treatment to date has included acupuncture, physical therapy, social worker sessions and pain medications. As of the PR2 dated 3/2/15, the injured worker reports being unable to manage money in the community and obtain prescriptions. He indicated that his right hip pain is very sharp. He uses a cane for ambulation. The treating physician noted that the injured worker uses a clipboard and checks off a list of tasks about 25% of the time without needing cues. The treating physician requested to continue PT/OT/SLP/MSW/case coordinator for neuro rehab 19 hours/week x 4 weeks and continue PCA/caregiver services 5 hours/day, 7 days/week x 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue rehab without walls (PT/OT/SLP/MSW/case coordinator) for neuro rehab 19 hours/week x 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary last updated 12/05/14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Head (trauma, headaches, etc., not including stress & (2) Mental disorders), physical medicine Preface, physical therapy.

**Decision rationale:** The claimant is status post work-related injury occurring in February 2014. He underwent hip arthroscopic surgery in October 2014. He continues to be treated for the sequela of a traumatic brain injury. Treatments have included participation in a high quality interdisciplinary rehabilitation program with improvement. He receives personal care services 5 hours per day. When seen, he was participating fully in the program with decreased anxiety and improved focus. Medications included Ritalin. Physical examination findings included an antalgic gait with a cane and he had difficulty attending but was re-directable. He was also being treated for plantar fasciitis. He was cleared to drive short distances. In terms of recovery, most occurs within the first 6 - 12 months, although it can extend up to 2 years. In this case, the claimant is benefitting from the treatments provided. However, the duration of the requested extension is excessive. His condition should be reassessed after two weeks. The requested 4 weeks of additional treatment does not reflect a fading of treatment frequency. It is not medically necessary.

**Continue PCA/caregiver services 5 hours/day, 7 days/week x 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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): Home health service.

**Decision rationale:** The claimant is status post work-related injury occurring in February 2014. He underwent hip arthroscopic surgery in October 2014. He continues to be treated for the sequela of a traumatic brain injury. Treatments have included participation in a high quality interdisciplinary rehabilitation program with improvement. He receives personal care services 5 hours per day. When seen, he was participating fully in the program with decreased anxiety and improved focus. Medications included Ritalin. Physical examination findings included an antalgic gait with a cane and he had difficulty attending but was re-directable. He was also being treated for plantar fasciitis. He was cleared to drive short distances. In terms of the personal care services being provided, the claimant is being allowed to begin driving. The number of hours being requested appears excessive. There is no documentation of the specific activities requiring ongoing assistance. The duration of the request does not consider the claimant's improvements with the treatments that have been provided. An additional 3 months of personal care services is not medically necessary.

