

Case Number:	CM14-0155709		
Date Assigned:	09/25/2014	Date of Injury:	03/27/2014
Decision Date:	11/05/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Surgeon 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 56 year old male who reported an injury on 03/27/2014. The mechanism of injury was a motor vehicle accident. His diagnoses included status post motor vehicle accident with possible traumatic brain injury with multiple trauma, impaired mobility and ADLs, multiple embolic stroke likely due to fat embolism, dysphagia, cognitive dysfunction, right lower extremity vascular injury to the anterior-posterior tibial artery, status post angioplasty and embolectomy, right ankle open fracture dislocation, status post ankle washout and external fixator placement, left tibial plateau fracture, status post washout and ORIF, left proximal fibular fracture, left femur fracture, status post IM nailing, right rib fracture (3-6), splenic laceration, altered mental status 2/2, and laceration to left posterior scalp. According to the CT scan of his head and neck on 03/13/2014, there were no definite vascular abnormalities. An MRI was performed revealing multiple infarcts to his brain presumably from fat embolisms caused by the long bone fractures. An angioplasty was performed on 03/27/2014 to his right ankle after a finding of decreased perfusion. On 06/06/2014, he was evaluated for participation in a neuro-rehabilitation program and was noted to have mild deficits with his memory, attention, insight, orientation and problem solving. His medications were not specified within this note. Recommendations were made for physical therapy, occupational therapy, speech/cognitive therapy, and case management. A request was received for neuro-psychological/neuro-cognitive and vascular consultations. No rationale was given. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro-psychological /Neuro-cognitive 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Neuropsychological testing

Decision rationale: According to the Official Disability Guidelines, neuropsychological testing is recommended for severe traumatic brain injuries. This testing is not recommended for concussions unless the symptoms of said concussion last more than 30 days past the date of injury. These guidelines also state that memory and attention can be improved using interventions that emphasize on strategic training. The guidelines also state that for persistent impairment, patients should be referred for neuropsychological and neurologic assessment. The injured worker was noted to have mild deficits with his memory, attention, insight, orientation and problem solving for which he was recommended for speech/cognitive therapy. However, the outcome of this recommended treatment was not indicated, the rationale for the requested consultation was not provided, and it was not noted whether the injured worker has residual cognitive deficits to warrant further evaluation. As such, the request for Neuro-psychological/Neuro-cognitive consultation is not medically necessary.

Vascular 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 Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Office visits

Decision rationale: According to the Official Disability Guidelines, the need for a clinical office visit or consultation is based on the patient's concerns, signs and symptoms, clinical stability, and reasonable judgment of the physician. This worker's injuries resulted in decreasing perfusion to his right foot, and fat emboli in his brain. A CT scan of his neck and head, showed "no definite vascular abnormalities." During surgery on his right foot/ankle an occluded blood vessel was dilated. There was a lack of pertinent objective information necessitating a vascular consultation. More pertinent objective documentation and a clear rationale is needed regarding his vascular status and his need for a vascular consultation. In the absence of this information, the request is not supported. Therefore, this request for a vascular consultation is not medically necessary.