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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Dec/27/2012

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Comprehensive Outpatient Brain Injury Therapy 2 X 8 weeks at 3-4 hours per day (16 visits)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Neurology

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 09/27/12, 10/16/12, 10/31/12, 11/20/12, 12/04/12
Speech therapy notes dated 10/31/12
Physical therapy notes dated 11/22/12
Occupational therapy notes dated 11/02/12
Previous utilization reviews dated 11/27/12 and 12/11/12
HB #1919
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who reported an injury regarding a concussion. Per clinical note dated 09/27/12, the patient stated that she had a fall in xx in which she hit her head on a steel floor. The patient was noted to have complaints of chronic headaches, blurry vision, inability to concentrate, and dizziness. The patient was noted to have difficulty walking. The patient further stated that she had fallen again that day. The patient was noted to be compliant with her medication regimen. The patient was also noted to be diabetic but checks her sugars regularly. The patient's blood sugar was reportedly well-controlled. Per clinical note dated 10/16/12, the patient complained of episodes of weakness and difficulty walking. The patient was noted to be utilizing a rolling walker for ambulatory assistance. The clinical note dated 10/31/12 indicates that the patient continued with complaints of chronic headaches and blurry vision. The clinical note dated 11/20/12 details the patient having undergone a CT of the head with no acute changes noted. Subsequently, the patient was noted to have undergone

a hospital stay where a MRI of the brain was performed. This study shows no acute findings. Mild chronic microvascular ischemic changes were noted with no evidence of an acute infarction or acute hemorrhage. Per speech therapy note dated 10/31/12, the patient was verbally expressive. The patient was completely independent with swallowing. The physical therapy note dated 11/02/12 details the patient continuing with headache-related pain. The patient was noted to continue with use of an assistive device for ambulation. The patient was able to demonstrate 4-/5 strength at the right hip flexors and 4/5 strength at the left hip flexors. Minimal strength deficits were also noted at both ankles, specifically with inversion and eversion. The occupational therapy notes dated 11/02/12 detail the patient being able to demonstrate range of motion within normal limits throughout the upper extremities. The clinical note dated 12/04/12 details the patient being referred to outpatient brain injury rehab therapy.

The previous utilization review dated 11/27/12 resulted in a denial for cognitive rehabilitation therapy. This was due to a lack of findings revealed on MRI studies of the brain, lack of baseline function, the patient's multiple comorbidities, and a lack of objective goals set for the desired therapy.

The utilization review dated 03/13/12 resulted in a denial secondary to a lack of detectable traumatic pathology noted on imaging studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The request for Comprehensive outpatient brain injury therapy 2 x 8 weeks at 3-4 hours per day (16 visits) is not supported. The documentation submitted for review notes the patient complaining of ongoing headaches. The Official Disability Guidelines recommend outpatient brain injury therapy for concussions provided the patient meets specific criteria to include significant clinical findings involving either dizziness, nausea, numbness, or fatigue. The MRI of the brain revealed mild chronic microvascular ischemic changes. Additionally, there is a lack of information regarding specific objectives in relation to the requested treatment. Furthermore, there is a lack of information regarding the patient's significant functional deficits that would benefit from brain injury therapy. Given the lack of information regarding the patient's significant clinical findings and the lack of imaging studies confirming the patient's previous trauma, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES