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| Case Number: | CM14-0172512 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 06/24/2010 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/17/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 female who reported injury on 06/24/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of closed head injury, cognitive mood impairment, cervical strain with cervical disc disease, post-traumatic vertigo with episodic balance problems, temporomandibular joint syndrome, post-traumatic headaches and depression and anxiety. Past medical treatment consists of dental treatment for temporomandibular joint syndrome, vestibular physical therapy, medication therapy, and Botox injections. No diagnostics were submitted for review. On 08/18/2014, the injured worker complained of ear pain. It was noted on the physical examination that the injured worker rated the pain at a 4/10. It was documented on physical examination that the injured worker had normal strength, sensation and reflexes. It was documented on 07/06/2014 that the injured worker was undergoing vestibular/balance therapy. Medical treatment plan was for the injured worker to continue with vestibular physical therapy. The rationale was not submitted for review. The Request for Authorization form was submitted on 01/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Physical Therapy 8 Sessions (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Vestibular Physical Therapy Rehabilitation.

Decision rationale: The request for vestibular physical therapy x8 sessions is not medically necessary. The ODG recommend vestibular rehabilitation for patients with vestibular complaints (dizziness and balance dysfunction), such as with NTBI/concussion. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. Vestibular rehabilitation should be considered in the management of individuals post-concussion with dizziness and gait and balance dysfunction that do not resolve with rest. Vestibular complaints are the most frequent sequelae of NTBI, and vestibular physical therapy has been established as the most important treatment modality for this group of patients. The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. In contrast, a patient identified as having predominately dizziness related vestibular impairment from post-traumatic migraine or cervicogenic factors might be targeted with specific medications for migraine symptoms or physical therapy if it is neck related. The submitted documentation did not indicate a diagnosis congruent with above guidelines. In the submitted documentation it was noted that the injured worker was receiving vestibular physical therapy. There was no indication of the efficacy of the physical therapy already received. Additionally, there was no indication as to how many sessions the injured worker has already had to date. Furthermore, the provider failed to provide a rationale as to how continued vestibular physical therapy would benefit the injured worker. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.