

Case Number:	CM13-0019997		
Date Assigned:	11/08/2013	Date of Injury:	07/02/2012
Decision Date:	01/27/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, is Fellowship trained in Neuro-Oncology, and is licensed to practice in Massachusetts, Ohio, and 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 physician 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 patient is a 28-year-old male who reported an injury on 07/02/2012 when an object fell from a height of approximately 8 feet and hit the patient on the top of the head. The patient was conservatively treated with medications and physical therapy. Follow-up evaluations included neurology, psychology, and audiological testing. The patient had several falls and episodes of ultra consciousness. The patient underwent an MRI of the brain that revealed no trauma. An audiological consultation revealed that the patient had no active ear pain and no active problems affecting the patient's sense of balance. The patient's most recent clinical evaluation revealed that the patient had suffered a fall in the shower. Physical findings revealed appropriate swelling in the right forehead near the hairline with tenderness. The patient's diagnoses included brief concussion, head symptoms, dizziness, and dysthymic disorder. The patient's treatment plan included continued medication usage, an additional audiological evaluation, and an EEG to rule out seizure activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

An evaluation for hearing/dizziness: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Second edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 6, page 163

Decision rationale: The Evaluation for hearing/dizziness is not medically necessary or appropriate. The clinical documentation submitted for review provides evidence that the patient already underwent a specialized evaluation by an audiologist that determined there was no physical evidence of hearing loss that would interfere with the patient's sense of balance. The [REDACTED] does support the need for specialty consultations when the patient's diagnosis is complicated. However, the clinical documentation submitted for review does not provide any recent physical evidence of treatment or evaluation of the patient's physical presentation to support the need for additional specialized evaluation. Also, there is no evidence that the patient has had any additional trauma that would contribute to hearing issues. As such, the requested Evaluation for hearing/dizziness is not medically necessary or appropriate.

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