

<b>Case Number:</b>	CM13-0036547		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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 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 50-year-old male who reported an injury on 07/10/2011. The mechanism of injury was turning and twisting of the knee and back. The patient has had extensive treatment for his lower back; however, he had received no treatment for his left knee until 2013. Current physical examinations report that the patient has no neurological deficits and full strength in both lower extremities. He had a history of fusion at L4-5 on 02/19/2013. His first postoperative visit note dated 03/04/2013 did not report any complaints of dizziness or vertigo. The next note dated 04/18/2013 stated that the patient had been treated extensively for his vertigo, but was doing well with no complaints of headaches, fevers, chills, nausea or vomiting. At this time, he was recommended to continue anti-vertigo therapeutic exercises during physical therapy. There were no previous complaints of vertigo recorded in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Balance Retraining and Posturography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 PT Rehabilitation and Computerized Dynamic Posturography

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address balance retraining and posturography. Therefore, the Official Disability Guidelines were supplemented. The ODG recommends balance retraining for patients with vestibular complaints, such as dizziness and balance dysfunction, that is associated with a traumatic brain injury and concussion. The patient's complaints of dizziness do not correspond to his mechanism of injury or injured body regions. There was also no documentation that the patient had any balance dysfunction. Also, the ODG states that computerized dynamic posturography provides information on the degree of imbalance present in an individual, usually those with mild traumatic brain injury. The guidelines state that these objective measurement techniques should be used to assess the clinical complaints of imbalance in patients with traumatic brain injury. Again, the patient has no history of traumatic brain injury, therefore, not establishing the need for these tests. As such, the request for balance retraining and posturography is non-certified.