

Case Number:	CM13-0042602		
Date Assigned:	02/20/2014	Date of Injury:	03/07/2011
Decision Date:	06/30/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Interventional Spine, 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 patient is a 33 year old female with an injury date of 9/7/11. Based on the 8/14/13 progress report provided by [REDACTED], the patient complains of pain in the eyes, nausea, left ear ringing, poor memory, insomnia, positional vertigo, and disequilibrium. She is tired, fatigued with episodes of confusion, and is seeing spots on right eye with an increase in headaches and severe photophobia. The patient's diagnoses include the following gunshot wound to right occipital, headaches, and insomnia. The 7/19/13 MRI of the brain revealed status post right-sided craniotomy with post-surgical changes in the right parietal lobe, and left frontal approach external ventricular drainage catheter in place with slit-like ventricles. The 8/9/13 audiological and vestibular testing revealed bilateral mild low to mid frequency sensorineural hearing loss between 500 and 2K Hz, delaying bilateral saccades and lack of fixation suppression during torsion showing central signs, positional nystagmus (both left and right), bilateral caloric weakness in a CNS dysfunction, asymmetry to right and high vertical phase results in oscillopsia at head movements above 1 Hz, and that the computerized dynamic posturography/platform test (CDP) shows a visual deficit pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-MONTH RENTAL OF A WALKER: Overturned

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) ODG Chapter: Head; Vestibular Rehabilitation

Decision rationale: The ACOEM/MTUS guidelines do not address this issue, so alternative guidelines were used instead. The Official Disability Guidelines state that a 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. The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. The patient needs aid to stay on her feet while in therapy. As such, the request is medically necessary.

FALLS PREVENTION PROGRAM: Overturned

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) ODG Chapter: Head; Vestibular Rehabilitation

Decision rationale: The ACOEM/MTUS guidelines do not address this issue, so alternative guidelines were used instead. The Official Disability Guidelines state that a 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. The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. The patient is at high risk of falling during therapy and a falls prevention program would be beneficial to prevent any further injury. As such, the request is medically necessary.

FULL COURSE OF VESTIBULAR REHABILITATION THERAPY-OPTIMIZING PROPRIOCEPTIVE FUNCTION: Overturned

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) ODG Chapter: Head; Vestibular Rehabilitation

Decision rationale: The ACOEM/MTUS guidelines do not address this issue, so alternative guidelines were used instead. The 9/30/13 report states that the patient has vertigo, disequilibrium, and tinnitus. The Official Disability Guidelines state that a full course of

vestibular rehabilitation therapy is recommended for patients with vestibular complaints (dizziness and balance dysfunction), such as with mTBI/ 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. The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. A 6-month physical therapist-prescribed balance and strength home exercise program, based on the Otago Exercise Program and the Visual Health Information Balance and Vestibular Exercise Kit, significantly improved outcomes relative to the control group. The patient presents with both dizziness and disequilibrium. As such, the request is medically necessary.