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| Case Number: | CM13-0048425 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/28/2013 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/05/2013 |

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 Psychiatry, 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:

This case involves a 27 year old male injured 2/28/13. He suffered an electrocution injury while charging a forklift. After the injury he couldn't move his arm. He has had dysphoria and anxiety. He has suffered from social withdrawal and nightmares about the incident. He has had passive suicidal ideation, social withdrawal, rage, positional vertigo, irritability, cognitive slowing and anhedonia. Beck Depression Inventory results showed him to have severe depression. He has been diagnosed with Major Depressive Disorder, Moderate to Severe, PTSD, and Cognitive Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

vestibular therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS is silent on vestibular therapy, so alternative guidelines were used. The Official Disability Guidelines states that vestibular therapy is recommended for patients with vestibular complaints (dizziness and balance dysfunction), such

as with concussion. 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. In his 8/19/13 neuropsychological report, [REDACTED] clearly documents the patient's vestibular symptoms in addition to his psychiatric symptoms. The patient has been diagnosed with vertigo not otherwise specified. The history demonstrates that the vertiginous symptoms are temporally related to the electrocution injury. The Official Disability Guidelines recommend vestibular therapy, and, in this case, it is medically necessary.