

Case Number:	CM13-0061575		
Date Assigned:	12/30/2013	Date of Injury:	09/24/2007
Decision Date:	08/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 & Rehabilitation and is licensed to practice in Nevada. 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 62-year-old male who was reportedly injured on 9/24/2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 10/2/2012, indicated that there were ongoing complaints of bilateral hearing loss and shoulders, knees, and spine pain. The physical examination demonstrated bilateral shoulders positive tenderness to palpation of the left shoulder anterior/laterally and right shoulder laterally. Limited and painful range of motion. Bilateral knees had positive tenderness to palpation over the medial joint line bilaterally. Left knee has tenderness to the lateral patellar facet, and lateral femoral condyle. There was also crepitus with patellofemoral compression and limited and painful range of motion. No recent diagnostic studies are available for review. Previous treatment included physical therapy. A request was made for electronystagmogram of the bilateral ears and was not certified in the pre-authorization process on 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENG BILATERAL EARS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Decision rationale: Electronystagmogram (ENG) checks how well the eyes, inner ears and brain help you keep your balance position. It is performed to help see whether there is damage or problem and how the inner ear, brain or nerves connecting them work. These problems may cause dizziness, vertigo, or loss of balance. According to the most recent medical documentation submitted, the injured worker was recommended to undergo an ENG as well as a magnetic resonance image. At this time, all documentation is greater than 12 months old, without any documentation concerning head, ears, eyes, nose and throat. Lacking medical documentation for the complaint of hearing loss and due to lack of updated medical records for this injured worker, this request is deemed not medically necessary.