MAXIMUS Federal Services

Case Number:	CM14-0101647		
Date Assigned:	09/16/2014	Date of Injury:	06/20/2012
Decision Date:	10/16/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 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:

Medical records reflect the claimant is a 48 year old male who sustained a work injury on 6-20-12. On 6-19-14, the claimant underwent individual psychotherapy. It is noted the claimant has tinnitus, headache and gait issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Therapy three times per week for a minimum of 18 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Headh chapter - vestibular physical therapy rehabilitation

Decision rationale: ODG reflect that vestibular 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. (Cohen, 2006) 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. There is an absence in objective documentation noting that this claimant has vestibular studies or that he has undergone a thorough evaluation supporting therapy x 18

sessions. Therefore, the request for vestibular therapy three times per week for a minimum of 18 sessions is not medically necessary and appropriate.

Neurooptometry.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter - vision evaluation

Decision rationale: ODG notes that vision evaluation is a well-established series and combination of examination techniques and diagnostic tests that generates information regarding the presence or absence of refractive error, vision loss, oculomotor dysfunction, binocular vision disorder, ocular injury, and pathology. Visual evaluation may be necessary to evaluate central and peripheral nervous system disorders including central visual acuity loss, visual field loss, nystagmus, ocular motility impairment, cranial nerve palsy, ophthalmoplegia, pupillary reflex disorders, and visual perceptual disorders. The patient may need to see a neurodevelopmental optometrist for the evaluation since a regular eye doctor may only consider the health of the eye and not how the brain is interpreting visual information. There is an absence in documentation noting subjective complaints or objective findings to support this request. Additionally, the request is nonspecific. Therefore, the request for Neurooptometry is not medically necessary and appropriate.