MAXIMUS Federal Services

Case Number:	CM14-0014056		
Date Assigned:	02/26/2014	Date of Injury:	06/27/2012
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 49 year old with an injury date on 6/27/12. Based on the 12/6/13 progress report provided by [redacted] the diagnoses are traumatic brain injury with associated impaired attention, cognition. chronic headaches; vestibular dysfunction and tinnitus possible hormonal derangement, encephalomalacia specifically of the right frontal convexity in the medial occipital lobes consistent with prior injury with doqr slightly striking on top in the front of the head. Probably best correlates with the right frontal encephalomalacia, left occipital neuralgia., cervicalgia with significant neck pain, concern for cervical spine dysfunction with degenerative disk disease, spondylosis, obstructive sleep apnea with periodic limb movements during sleep with recommendations for sleep study Without authorization, insomnia, likely multifactorial., posttraumatic stress disorder, depression, history of right carpal tunnel release, temporomandibular joint pain and dysfunction, left knee pain, likely patellofemoral and likely orthostatic hypotension. The exam on 12/11/13 showed patient is "slow in responses. Ongoing tenderness over left temporomandibular joint. Some dysesthesia in palms of hands. Otherwise reasonably good strength, sensation, reflexes in upper and lower extremities." [redacted] is requesting physical therapy vestibular and balance rehab. The utilization review determination being challenged is dated 1/14/14. [redacted] is the requesting provider, and he provided treatment reports from 6/18/13 to 1/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VESTIBULAR AND BALANCE REHAB: 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 ODG-TWC guidelines, Head chapter online for: Vestibular PT rehabilitation 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. (Alsalaheen, 2010) Vestibular complaints are the most frequent sequelae of mTBI, and vestibular physical therapy has been established as the most important treatment modality for this group of patients. (Gottshall, 2011) The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. (Whitney, 2011) A 6-month physical therapist-prescribed balance and strength home exercise program, based on the [redacted], significantly improved outcomes relative to the control group. (Yang, 2012) Patients with vestibular symptoms after concussion may have slower reaction times, putting them at risk for new injury compared with those who have concussions without these symptoms. A patient who is identified as having a convergence insufficiency should be prescribed in-office and home-based vision therapy designed to improve this visual deficit. In contrast, a patient identified as having predominately dizziness-related vestibular impairment from post-traumatic migraine or cervicogenic factors might be targeted with specific medications for migraine symptoms or physical therapy if it is neck-related. (Kontos, 2013).

Decision rationale: This patient presents with traumatic brain injury, persistent headaches, and vestibular dysfunction. The treating physician has asked physical therapy vestibular and balance rehab on 1/13/13. No RFA or PR-2 with treatment request was included in provided reports. On 7/30/13, patient was recommended to see a dentist for temporomandibular joint syndrome and have formal psychometric testing to determine course of cognitive rehab, but neither were done. Orthopedic specialist has suggested vestibular therapy on 7/30/13. Patient had 9 sessions of occupational therapy and 6 sessions of speech therapy per 1/30/13 report. On 9/13/13, patient reports repeated blackouts, dizziness, and blood pressure issues during occupational therapy. Regarding vestibular PT rehabilitation, ODG recommended for patients with vestibular complaints (dizziness and balance dysfunction), such as with concussion. In this case, the treating physician has asked for physical therapy vestibular and balance rehab which is appropriate for patient's condition. The request is medically necessary and appropriate.