

Case Number:	CM14-0112913		
Date Assigned:	08/01/2014	Date of Injury:	08/09/2012
Decision Date:	10/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 Internal Medicine 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 injured worker is a 59-year-old male who reported injuries when a 400 pound weight fell on him knocking him backwards onto a concrete floor and across an aisle where he struck his head on picket fence posts on 08/09/2012. On 01/13/2014 his diagnoses included head injury with post concussive syndrome, neck pain radiating to the left upper extremity, mid back pain, lower back pain radiating to the hips and lower extremities and bilateral shoulder pain. His complaints included ongoing pain in his head, neck, upper and lower back, as well as bilateral shoulder and hips. He was having difficulty with dizziness, concentration, headaches and had episodes of fainting and multiple falls. He participated in an unknown number of physical therapy sessions which eventually exacerbated his somatic pain. He was participating in a home exercise program. On 07/01/2013 he had a debridement of a partial thickness rotator cuff tear and labral tear. He had a subacromial decompression and Mumford procedure of the left shoulder. He participated in an unknown number of postsurgical physical therapy sessions. On 10/15/2013 he had completed an unknown number of vestibular therapy sessions. On 12/18/2013, eight more sessions of vestibular therapy were requested and eventually approved. On 06/06/2014 it was noted that he was still being treated with vestibular rehabilitation therapy. It is unclear from the submitted documentation the total number of vestibular therapy sessions this injured worker had completed. A Request for Authorization dated 06/16/2014 was included in this injured worker's chart. The rationale for the vestibular therapy was that it was intended to reduce his proclivity for falling.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Vestibular Rehabilitation 1 x 8 weeks: Upheld

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

Decision rationale: The request for 8 Sessions of Vestibular Rehabilitation 1 x 8 weeks is not medically necessary. The Official Disability Guidelines do recommend vestibular physical therapy rehabilitation for patients with vestibular complaints including dizziness and balance dysfunction such as in traumatic brain injury or concussion. Vestibular rehabilitation has been shown to be associated with improvements of independence and dynamic visual acuity. Vestibular rehabilitation should be considered in the management of individuals with post-concussion syndrome with dizziness, gait and balance dysfunction that do not resolve with rest. Vestibular complaints are the most frequent sequelae of traumatic brain injury and vestibular physical therapy has been established as the most important treatment modality for this group of patients. This injured worker has participated in an unknown number of vestibular rehabilitation sessions over a 6 month period with no evidence of quantified functional improvement based on fall history, dizziness or balance dysfunction. The need for continued vestibular rehabilitation was not clearly demonstrated in the submitted documentation. Therefore, this request for 8 Sessions of Vestibular Rehabilitation 1 x 8 weeks is not medically necessary.