

<b>Case Number:</b>	CM14-0158961		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family 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:

This injured worker's date of injury is 02/03/2011. The original injury occurred as a result of a slip and fall. The patient experienced skull fractures and underwent craniotomy and cranioplasty. This patient receives treatment for Traumatic Brain Infarct (TBI), headaches, low back pain, left shoulder pain, and dizziness. Medications include Keppra, Propranolol, and Lisinopril. On exam the only lateralizing neurologic findings were 4/5 right hand grip and mild right facial droop.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vestibular evaluation and treatment x12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Chapter, Vestibular PT

**Decision rationale:** This patient was diagnosed over three years ago with TBI and dizziness. There is no documentation of any vertigo nor physical findings associated with the patient's dizziness problem. The treating physician does not make clear why this referral is indicated now,

over three years from the start of treatment. Vestibular evaluation and treatment therapy is not medically indicated.