

Case Number:	CM14-0161886		
Date Assigned:	10/07/2014	Date of Injury:	10/06/2010
Decision Date:	11/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 40 year-old patient sustained an injury on 10/6/10 from working on an assembly line with boxes of cans while employed by [REDACTED]. Request(s) under consideration include Balance therapy 3 times per week for 4 weeks. The patient is s/p (status post) radial nerve decompression in 2011. Conservative care has included medications, physical therapy, acupuncture, chiropractic treatment, TENS unit, braces, paraffin bath, stellate ganglion blocks, cervical epidural steroid injections, trigger point injections, CPM unit for hand, psychotherapy, and modified activities/rest. Electrodiagnostic studies dated 1/27/12 from the provider noted mild left radial sensory neuropathy; study of 3/16/12 showed no evidence of radiculopathy but with decreased amplitude of left median and radial motor nerves. Bone scan of 6/18/12 was negative for CRPS/RSD. MRI of cervical spine dated 6/1/12 showed mild multilevel disc desiccation, disc protrusion at C4-5 without significant neural foraminal or canal stenosis. Videonystagmography of 5/19/14 had no evidence of peripheral vestibular dysfunction with normal tracking and saccades is non-pathologic. Report from the provider noted patient with continued symptom complaints with difficulty performing ADLs (activities of daily living), difficulty speaking, tasting, smelling, hearing and seeing, difficulty with sleep, ride on land forms of transportation with sexual difficulty. Exam showed patient to be moderately obese; diffuse craniocervical spasm; diffuse decrease at left side of face, mild left ear hypacusis, unable to perform motor exam; appeared depressed; left hemihypoesthesia; left non-dermatomal hypoesthesia of left hand with allodynia and hyperpathia; dysesthesia of left and right scapular areas; decreased sensation of bilateral outer thigh and dorsum of bilateral feet with decreased upper extremity range with discoloration and trophic changes; hypoactive reflexes and unable to perform SLR (straight leg raise). The request(s) for Balance therapy 3 times per week for 4 weeks was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Balance therapy 3 times per week for 4 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 (web version) Treatment Guidelines, Head (updated 8/11/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) (updated 03/22/12) Head, pages 215-216 Vestibular PT rehabilitation/ Vestibular rehabilitation therapy (VRT)

Decision rationale: Submitted report does not indicate any clinical findings of balance issue nor is there any specific remarkable diagnostic findings on any extensive work-up performed including negative bone scan, negative videonystagmography with ill-defined exam findings of non-specific myotomal or dermatomal pattern of neurological deficits; only generalized diffuse complaints. CA MTUS is silent on vestibular rehab therapy which may be an exercise-based program for a number of etiologies such as promoting CNS compensation for inner ear deficits associated with non-industrially related Meniere's, labyrinthitis, vestibular neuritis, or may be utilized in post TBI patients. ODG does recommend treatment in post-concussion patients with clear vestibular complaints of dizziness, gait and balance issues; none of which are described here. Submitted reports have not adequately demonstrated any specific diagnosis or remarkable clinical findings collaborated with any diagnostic studies to support for this balance PT request per guidelines criteria. The Balance therapy 3 times per week for 4 weeks is not medically necessary and appropriate.