MAXIMUS Federal Services

Case Number:	CM14-0020730		
Date Assigned:	04/30/2014	Date of Injury:	02/17/2011
Decision Date:	07/09/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 patient is an employee of [redacted] and has submitted a claim for partial tear of rotator cuff associated with an industrial injury date of February 17, 2011. The treatment to date has included oral and topical analgesics, sedatives, and anxiolytics/ antidepressants. The medical records from 2013 to 2014 were reviewed. A progress report dated September 17, 2013 showed that the patient started to have intermittent palpitations which she attributes to stress at work. She was diagnosed with anxiety and stress and was prescribed with Alprazolam. On February 23, 2011, the patient was noted to have depression with reports of massive ringing in her ears; the diagnosis was anxiety, and a single episode of uncontrolled and major depression. Citalopram was prescribed on top of Alprazolam. The patient consulted with an audiologist and tests were done; episodic dizziness was noted, nonetheless all test results were within normal limits. Interval history also showed persistence of the tinnitus. The patient also has complaints of persistent dizziness and insomnia. A physical examination of the ears showed mild erythema of the malleus handle on the right ear. Audiogram, Tympanograms, tinnitus matching as well as Electronystagmography were requested. The utilization review dated January 28, 2014 denied the request for vestibular autorotation test. The reason for the denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

VESTIBULAR AUTOROTATION TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,Head Chapter - Vestibular Studies and AETNA Clinical Policy Bulletin: Vestibular AutorotationTest (VAT).

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 Studies.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Head Chapter, Vestibular studies was used instead. Vestibular studies assess the function of the vestibular portion of the inner ear for patients who are experiencing symptoms of vertigo, unsteadiness, dizziness, and other balance disorders. The vestibular portion of the inner ear maintains balance through receptors that process signals produced by motions of the head and the associated responsive eye reflexes that result in the visual perception of how the body is moving. In this case, the patient complains of persistent tinnitus and dizziness. However, the most recent progress reports did not show such complaints and comprehensive physical and neurological examinations were not provided. The current clinical and functional status of the patient is unknown. The medical necessity has not been established. Therefore, the request for vestibular autorotation test is not medically necessary.