

Case Number:	CM14-0065397		
Date Assigned:	07/11/2014	Date of Injury:	08/01/2013
Decision Date:	08/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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 Neurology 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 (IW) is a 39 Year Old Right Hand Dominant female with a reported date of injury on 8/1/13. The mechanism of injury is described as having a metal gate fall and striking the IW on the head. The IW reportedly had a loss of consciousness for an undetermined period of time. The IW was treated initially for a scalp laceration but has reported headaches and complaints of dizziness resulting from the head trauma. From a progress note date 2/26/14, the IW reported initially she had daily headaches and dizziness, however, at the time of the interview was reporting one to two headaches per week and the dizziness was described as on and off. The Neurological examination performed on 2/26/14 is reported as normal. A videonystagmography report from 3/27/14 demonstrated a reduced vestibular response in the left ear and is considered abnormal. A previous request for Vestibular therapy was uncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of Vestibular therapy with evaluation: Upheld

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 Official Disability Guidelines (ODG) Chapter Head Vestibular PT rehabilitation.

Decision rationale: Per the recommendations in the ODG regrading the use of vestibular therapy, it should be considered in the management in the post concussion and dizziness and gait an balance function that do not resolve with rest. According to the progress note dated 2/26/14, the IW is reporting resolution of her feelings of dizziness as she describes them as on and off. This reports provides evidence that in fact there has been some improvement and resolution with rest and therefore the request is not medically necessary.