

<b>Case Number:</b>	CM14-0070436		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Illinois. 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 38-year-old female who reported an injury on 04/19/2013. She sustained an industrial injury to her head, neck, back, and left knee after an emotionally disturbed child threw several large rocks, striking her several times. The injured worker is being treated for concussion without coma, headache, knee contusion, vertigo, cognitive deficits, sensory problems with limbs, muscle spasms, contusion of the upper limb, contusion of the lower limb, and insomnia. The injured worker has undergone 1 year of course of treatment for head, neck, back, extremity and vestibular in speech complaints, which has included medications, physical therapy, occupational therapy, knee immobilizer, knee brace, left ankle foot orthosis, and other modalities. Despite the above noted course of treatment, the injured worker has remained symptomatic and functionally impaired; however, she was somewhat improved and had recently been released to modified work duties for the first time since her injury. MRI of the brain, cervical spine, and lumbar spine were normal; however, EMG showed some left L5-S1 denervation due to radiculopathy. The injured worker was evaluated on 05/30/2014. It was documented the injured worker stated that dantrolene was helping with left leg spasticity. She takes 3 to 4 tabs of baclofen 20 mg a day, which helps for spasticity. She described symptoms traumatic brain injury: headaches, vertigo, stuttering, memory issues, reading, concentration, insomnia, fatigue, and anxiety. In terms of severity, she rated the pain at 4/10 on the VAS. These symptoms have been present since 04/2013, and originally occurred in the context of being assaulted by a student in 04/2013. She reported that the symptoms are constant and that they are made worse by tilting her head back and alleviated by rest. The pain was associated with left knee pain and right wrist pain. Musculoskeletal examination revealed antalgic and favoring the left leg. Plantar flexion contracture of the left ankle, hip hike, spastic gait with hyperextension of the left leg. Diagnoses included post-concussive syndrome, although I don't

know why she chronic TBI symptoms without full LOC, vertigo, don't know if this is from post-concussive syndrome or vestibular imbalance, retrograde amnesia, Wernicke's Aphasia, and left leg spasticity versus contractures, injured worker does not want to undergo Botox injections. The request for Authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Additional Vestibular/balance therapy, twice weekly QTY 24.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head (web: updated 3/28/14), vestibular PT rehabilitation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head, Vestibular PT Rehabilitation.

**Decision rationale:** : The request for Additional Vestibular/balance therapy, twice weekly QTY 24.00 is not medically necessary. Official Disability Guidelines (ODG) recommend vestibular physical therapy rehabilitation for patients with vestibular complaints (dizziness and balance dysfunction), such as with mTBI/concussion. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. Vestibular rehabilitation should be considered in the management of individuals post-concussion with dizziness and gait imbalance dysfunction that does not resolve with rest. Vestibular complaints are the most frequent sequelae of mTBI and vestibular physical therapy has been established as the most important treatment modality for this group of patients. The use of vestibular rehabilitation for person's imbalance and vestibular disorders improves function and decreases dizziness symptoms. A 6 month physical therapist prescribed balance and strength home exercise program based on the Otago Exercise Program and the Visual Health Information Balance vestibular exercise can significantly improve outcome relative to a control group. Patients with vestibular symptoms after concussion may have slower reaction times, putting them at risk for new injury compared with those who have concussions without these symptoms. A patient who is identified as having convergence insufficiency should be prescribed in office and home based vision therapy, designed to improved visual defect. In contrast, patients identified as having predominantly dizziness related vestibular impairment from post-traumatic migraine or cervicogenic factors might be targeted with specific medications for migraine symptoms or physical therapy if it is neck related. The documentation submitted stated the injured worker remained symptomatic and has returned to modified work duties, with reports that prior vestibular physical therapy was helpful, the injured worker has made some improvement. However, the request that was submitted exceeds the recommended amount of visits per the guidelines. As such, the request is not medically necessary.

#### **Gait training physical therapy, twice weekly QTY 6.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Knee & Leg (web: updated 3/31/14), physical therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicate the injured worker has complicated factors of nerve root impairment that has confounded rehabilitation efforts and makes her somewhat of an outlier to these guidelines. It was noted the injured worker has had functional gains made with prior physical therapy treatment, and residual functional deficits with a recent return to work with modified duties, based on evidence based guidelines, there is a medical necessity for gait training physical therapy, 2 weekly QTY: 6:00. Given the above, the request is medically necessary.