

Case Number:	CM14-0099104		
Date Assigned:	07/28/2014	Date of Injury:	10/03/2013
Decision Date:	01/23/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/27/2014

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 Practice and is licensed to practice in Texas and Mississippi. 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 31-year-old female who reported injuries after being hit in the head by another person with subsequent loss of consciousness on 10/03/2013. Her diagnoses were noted to include anxiety, post-concussion syndrome, cervical strain, and post-traumatic stress disorder. An MRI of the brain on 02/10/2014 was normal. She had a course of 8 acupuncture treatments, which were successful in relieving her headaches and cervical pain. On 04/15/2014, it was noted that she was starting Vestibular therapy and had already had her initial evaluation. She was having bouts of dizziness and vertigo that caused her to lose her balance. She was unable to drive a vehicle. On 05/14/2014, she had completed the full course of 6 Vestibular therapy visits. The report noted that she felt that it was helping. On 05/06/2014 at a followup examination for post-concussive headaches it was noted that her headaches were better, but that she only got them after her vestibular therapy. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Therapy Evaluation and Treat: 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 Physical Therapy Rehabilitation

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

Decision rationale: The request for Vestibular therapy evaluation and treat is not medically necessary. The Official Disability Guidelines recommend Vestibular therapy for patients with Vestibular complaints, including dizziness and balance dysfunction, such as with traumatic brain injury or concussion. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. Per guidelines, Vestibular rehabilitation should be considered in the management of individuals post-concussion with dizziness and gait and balance dysfunction that do not resolve with rest. The submitted documentation revealed that this injured worker had already been evaluated and treated with Vestibular therapy. It was further noted that her headaches returned only after her Vestibular therapy sessions. Since this injured worker had previously been evaluated and treated with Vestibular therapy, the need for a re-evaluation was not clearly demonstrated in the submitted documentation. Therefore, this request for Vestibular therapy evaluation and treat is not medically necessary.