

Case Number:	CM15-0133093		
Date Assigned:	07/21/2015	Date of Injury:	07/10/2012
Decision Date:	08/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Otolaryngology

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 was a 57-year-old female, who sustained an industrial injury, July 10, 2012. The injury was sustained when the injured worker struck the head behind the left ear causing the injured worker to fall face first into the ground and rendered the injured worker unconscious. The incident resulted in a broken jaw. The injured worker previously received the following treatments Ibuprofen, physical therapy for the neck, Ibuprofen, ice packs to left side of jaw, jaw exercises, Relafen, steroid therapy and audiological exam on March 30, 2015. The injured worker was diagnosed with vertigo, dizziness, ear pain, swelling on the left side of the cheek, decreased hearing, left sided tinnitus, concussion with brief loss of consciousness, canalith repositioning procedure, left-sided temporomandibular joint syndrome, headaches, sleep impairment, TMJ (temporomandibular joint syndrome) and chronic pain syndrome. According to progress note of March 10, 2014, the injured worker's chief complaint was hearing loss, headaches and vertigo when the injured worker moved the head a certain way. The physical exam noted clear ear canals bilaterally. Tympanometry test was normal TM mobility, middle ear and ear canal pressure. The pure tone testing in the right ear was normal hearing sensitivity from 250 through 8K hertz. The left ear had mild sloping to profound sensorinueral hearing loss. The word recognition in the right ear was excellent. The left ear was poor. The treatment plan included office consult, comprehensive hearing test time 2, tympanometry time 2, acoustic reflex testing time 2 and Nystagmus test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nystagmus 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 (ODG), Head Chapter.

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.

Decision rationale: Vestibular studies are used to assess the function of the inner ear. Per ODG guidelines, clinicians need to assess and identify vestibular impairment following concussion using brief screening tools to allow moving patient into treatment tracks and do more individualized therapies for specific impairments. This patient had undergone such studies previously and was determined to have left vestibular weakness that was deemed permanent and stationary. Repeat testing adds nothing to his care at this time. Therefore, the request is not medically necessary.

Retrospective Acoustic reflex testing times 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter.

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

Decision rationale: Audiometric evaluation is recommended following brain injury to determine baseline when a patient presents with hearing loss, dizziness, tinnitus or facial weakness. This patient underwent appropriate initial evaluation and screening. As of 8/2014, his hearing loss was deemed permanent and stationary. there is no documentation of any notable subjective change in hearing so further testing regarding this in any form is not medically necessary.

Retrospective Tympanometry times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter.

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

Decision rationale: Audiometric evaluation is indicated in patients with concussion as screening in patients with complaint of hearing loss. This patient has already been determined to have left sided sensorineural hearing loss that is permanent and stationary. Further tympanometry adds nothing to his care and is not medically necessary.

Retrospective comprehensive hearing testing times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter.

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

Decision rationale: Audiometry is recommended following brain injury or when occupational acoustic trauma is suspected. This patient has known left sided SNHL and follow-up evaluation is not indicated earlier than every 3 years if no subjective change is noted. Therefore, the request is not medically necessary.

Retrospective office consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127; ODG, Low Back Chapter.

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

Decision rationale: This patient's hearing loss and dizziness were deemed permanent and stationary in 8/2014. Unless subjective change in these conditions is noted, further evaluation at this time is not medically indicated for re-evaluation of them. Therefore, the request is not medically necessary.