

Case Number:	CM15-0139286		
Date Assigned:	07/29/2015	Date of Injury:	11/05/2013
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62-year-old female, who sustained an industrial injury on 11-05-2013. On provider visit dated 05-22-2015, examination of the right shoulder was noted to have pain with range of motion and right hand-wrist there was mild diffuse swelling of the fingers, hand and wrist. There was dysesthesia about the hand and distal forearm. Restricted range of motion of all five fingers and wrist was noted. Phalen's test was milding positive. Carpal tunnel compression test was mildly positive. The diagnoses have included carpal tunnel syndrome right hand and complex regional pain syndrome-right upper extremity. Treatment to date has included biofeedback treatment. The provider requested vestibular auto rotational test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Vestibular Autorotational Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna - Vestibular Autorotation Test (VAT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Neurol Phys Ther. 2008 Jun; 32(2): 70-9. doi:

10. 1097/NPT. 0b013e3181733709. The reliability of the Vestibular Autorotation Test (VAT) in patients with dizziness. Blatt PJ1, Schubert MC, Roach KE, Tusa RJ.

Decision rationale: The IW has reported symptoms of dizziness and balance problems and has been referred for vestibular autorotation test (VAT). While there are no practice guidelines (either CA MTUS or ACOEM or ODG) which report on efficacy or appropriateness of this test, the peer reviewed literature indicates that this test lacks consistency and reproducibility. Article by Blatt et al states, "Many patients had difficulty performing the VAT. The reliability estimates for phase and asymmetry, but not gain, were significantly affected by practice. Careful attention to patient preparation, instruction, and test monitoring including sufficient patient practice before data collection are likely to be critical factors to ensure quality data." Based on the lack of supporting information and clinical reproducibility, this test is not medically necessary.