

Case Number:	CM15-0139444		
Date Assigned:	07/29/2015	Date of Injury:	01/14/2014
Decision Date:	09/17/2015	UR Denial Date:	06/17/2015
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

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:

This is a 67 year old female with a January 14, 2014 date of injury. A progress note dated June 11, 2015 documents subjective complaints (continues to have difficulty with balance issues, dizziness, and falling to the left; pain rated at a level of 7 out of 10 in severity), objective findings (alert; normal mentation), and current diagnoses (closed head injury with concussion with labyrinthine injury to the left; muscle contraction and vascular headaches). Treatments to date have included magnetic resonance imaging of the brain (April 27, 2015; showed a tortuous blood vessel that was pressing against the left eighth nerve, as well as some cloudiness in the left mastoid area that may be consistent with a fracture), audiogram, and evaluations with neurology and an ear, nose, and throat specialist. The treating physician requested authorization for a comprehensive audiometry threshold evaluation and speech recognition, binocular microscopy, evoked otoacoustic emissions, comprehensive diagnostic evaluation, and videonystagmography testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive audiometry threshold evaluation and speech recognition QTY: 1.00:

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, Audiometry.

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

Decision rationale: Per citation in ODG, audiometry is recommended following brain injury. Serial audiograms may be done to monitor hearing function as needed. Results of audiometry done 1/23/15 show the presence of a mild HFHL slightly greater for the right ear at 8000 Hz. As this testing was done already, and no change in noted subjectively in patient's hearing, there is no indication for it to be repeated.

Binocular microscopy QTY: 1.00: 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 Strasnick B, Haynes DS. Otologic History and Physical Examination of the Ear. Chp 7 in The Ear Comprehensive Otology, Canalis and Lambert. 2000. pp 160-161.

Decision rationale: While there is no absolute indication for use of microscopy while examining the ear, per citation above, it is important to differentiate entities like perforation from monomer or to further delineate a vascular appearing lesion in the middle ear. Examination of this patient's ear canal and tympanic membrane are documented to be normal, as such, there is no indication for binocular microscopy in this case.

Evoked otoacoustic emissions; comprehensive diagnostic evaluation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Computerized Dynamic Posturography (CDP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dirks DD, Morgan DE. Otoacoustic emissions, Chp 14 in The Ear Comprehensive Otology, 2000. pp 243-250.

Decision rationale: Per citation above otoacoustic emissions testing is primarily used to demonstrate dysfunction of the outer hair cells of the cochlea. This patient has audiometry that shows bilateral HFHL consistent with cochlear hearing loss. There is no indication that further testing is needed in this regard.

VNG testing QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Balance Disorder testing; Computerized Dynamic Posturography (CDP); Vestibular Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head/Vestibular 2015 on line.

Decision rationale: Per citation above vestibular studies are used to assess vestibular function in patients with vertigo, dizziness or imbalance. VNG is used as a screening test in this regard. This patient has persistent balance issues s/p closed head injury. Further testing in this regard may lead to corrective therapy and, as such, this testing is medically appropriate.