

Case Number:	CM15-0166678		
Date Assigned:	09/04/2015	Date of Injury:	03/19/2012
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 51-year-old male who sustained an industrial injury on March 19, 2012 with resulting neck pain, left-sided hearing loss, and dizziness with loss of balance. Diagnoses have included traumatic brain injury, cervicalgia, myofascial neck pain, left sensorineural hearing loss, and vertigo. Documented treatment includes past physical therapy with no documentation of response. The injured worker continues to present with radiating neck pain, hearing loss, and loss of balance or dizziness with positioning and walking. The treating physician's plan of care includes one year of gym membership, 8 to 12 sessions of physical therapy for vestibular rehabilitation, and physical therapy for the neck and shoulder beginning with two sessions the first week and then weekly for six months. Current work status is with restrictions. On July 28, 2015, Utilization Review non-certified the requests for one year gym membership, follow up physical therapy for vestibular rehabilitation 2-3 x 4 weeks, and follow up physical therapy for the neck/shoulder, 2x 1 week, then weekly x 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Exercise.

Decision rationale: Per the cited CA MTUS, exercise is recommended, and there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. However, evidence is insufficient to support the recommendation of any particular exercise regimen over any other. The ODG for neck pain recommend low stress aerobic activities and stretching exercises and can be initiated at home and supported by a physical therapy provider. In addition, although a home exercise program is recommended, gym memberships or advanced home exercise equipment that is not monitored by a health professional, may not be covered under the guideline. In general, gym memberships for other body parts is not recommended, is not considered medical treatment; and in this case, the injured worker has undergone previous physical therapy which he should continue as a home exercise program. Therefore, the request for one-year gym membership is not medically necessary and appropriate.

Follow up Physical Therapy for vestibular rehab 2-3 x 4 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Vestibular PT rehabilitation.

Decision rationale: The CA MTUS guidelines are silent concerning physical therapy for vestibular rehabilitation; however, the ODG recommends it for injured workers with vestibular complaints (dizziness and balance dysfunction), such as with mTBI/ concussion. Per the ODG, vestibular rehabilitation has been associated with improvements in independence and dynamic visual acuity. The limited treating provider notes from July 21, 2015, indicate that the injured worker has had persistent vestibular symptoms, and on exam has had loss of balance with heel to toe walking. Although Utilization Review states that he has had vestibular rehabilitation for over nine months, the records are not available at the time of this review. Despite limited treating provider notes, it would appear reasonable for the injured worker to undergo vestibular rehabilitation. Thus, the request for follow up physical therapy for vestibular rehabilitation 2-3 x 4 weeks is medically necessary and reasonable.

Follow up Physical Therapy for neck/shoulder, 2x 1 week, then weekly x 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guideline cited, physical medicine for myalgia is 9- 10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for his diagnoses; however, it is clear from the limited medical records that he

has had previous extensive physical therapy, and therefore, he should be able to execute a home exercise program. Thus, the request for follow up physical therapy for the neck/shoulder, 2x 1 week, then weekly x 6 months, is not medically necessary and appropriate.