

Case Number:	CM15-0186830		
Date Assigned:	09/28/2015	Date of Injury:	11/19/2008
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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: New York
 Certification(s)/Specialty: Internal 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 71-year-old male who sustained an industrial injury on 11-19-2008. Diagnoses related to this request have included vertigo, tinnitus and hearing loss. Documented treatment includes physical therapy for vertigo and vestibular rehabilitation without significant improvement. On 7-13-2015 he was seen for an otolaryngology consultation. The injured worker reported that, while his hearing loss was impacted after his injury, it has not changed over the past 7 years. At that visit, the physician noted bilateral, symmetric high frequency hearing loss, and stated that a neumatic otoscopy did not induce vertigo or nystagmus. The injured worker reported experiencing "spinning sensations" that last several seconds and are induced by movement, or when looking up or reaching. He also reported hearing constant ringing in his ears and worse at night or when it is quiet. The otolaryngology specialist states the need for a future vestibular test, but the injured worker is taking multiple medications which will need to be tapered first including Alprazolam, Clonazepam, Celexa, Baclofen and Trazodone due to their potential suppression of vestibular signaling. The treating physician's plan of care includes three follow up visits which were modified to one on 9-15-2015; and 3 ear scopes which were denied. The injured worker is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 follow up visits: 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).

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

Decision rationale: The review indicates that the patient had an industrial injury sustained on 11/19/2008. He has been evaluated for symptoms of vertigo, tinnitus and hearing loss. The evaluation has included otoscopic and pneumatic otoscopy and an audiogram which revealed a mild bilateral and symmetric high frequency hearing loss. He requires specialty follow-up but there is no specific indication for 3 follow-up visits. Per the reviewed documentation the patient's medical regimen was changed and follow-up is necessary to evaluate the response. Medical necessity for the requested 3 follow-up visits is not established. The requested office visits are not medically necessary.

3 ear scopes: 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 Medscape Internal Medicine 2014.

Decision rationale: Pneumatic otoscopy is an examination that allows determination of the mobility of a patient's tympanic membrane (TM) in response to pressure changes. The normal tympanic membrane moves in response to pressure. Immobility may be due to fluid in the middle ear, a perforation, or tympanosclerosis, among other reasons. The detection of middle ear effusion by pneumatic otoscopy is key in establishing the diagnosis of otitis media with effusion. In this case, the patient has undergone a complete evaluation with otoscopy, pneumatic otoscopy and an audiogram. There is no specific indication for the requested 3 ear scopes. Medical necessity for the requested ear scopes is not established. The requested ear scopes are not medically necessary.