

<b>Case Number:</b>	CM15-0023536		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/15/1993
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 72 year old female, who sustained an industrial injury on 1/15/1993. The diagnoses have included post-concussion syndrome. Currently, the IW complains of continued symptoms with cognition and visual recognition. She reports headaches with photophobia and increased with reading. Objective findings included reduced attention and concentration and poor visual recognition. On 1/21/2015, Utilization Review non-certified a request for a life coach, driver, visual rehabilitation and new glasses noting that the clinical findings do not support the medical necessity of the treatment. The ODG was cited. On 2/09/2015, the injured worker submitted an application for IMR for review of life coach, driver, visual rehabilitation and new glasses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Life Coach:** 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 UpToDate Life coach; PubMed Life Coach

**Decision rationale:** The MTUS and ODG are silent on life coach. A thorough search of the published medical literature, to include UpToDate and PubMed, there is no evidence that this is a medical treatment and there are no medical indications for a life coach. This does not appear to be a medical treatment. As such, the request for a life coach is not medically necessary.

**Visual Rehabilitation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC; Head Procedure Summary last updated 12/05/2014, ; Visual Rehabilitation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Vestibular PT rehabilitation

**Decision rationale:** The MTUS is silent on visual rehabilitation so the ODG were used. The ODG state that it is "Recommended for patients with vestibular complaints (dizziness and balance dysfunction), such as with mTBI/ concussion. Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. (Cohen, 2006) Vestibular rehabilitation should be considered in the management of individuals post concussion with dizziness and gait and balance dysfunction that do not resolve with rest. (Alsalaheen, 2010) Vestibular complaints are the most frequent sequelae of mTBI, and vestibular physical therapy has been established as the most important treatment modality for this group of patients. (Gottshall, 2011) The use of vestibular rehabilitation for persons with balance and vestibular disorders improves function and decreases dizziness symptoms. (Whitney, 2011) A 6-month physical therapist-prescribed balance and strength home exercise program, based on the Otago Exercise Program and the Visual Health Information Balance and Vestibular Exercise Kit, significantly improved outcomes relative to the control group. (Yang, 2012) Patients with vestibular symptoms after concussion may have slower reaction times, putting them at risk for new injury compared with those who have concussions without these symptoms. A patient who is identified as having a convergence insufficiency should be prescribed in-office and home-based vision therapy designed to improve this visual deficit. In contrast, a patient identified as having predominately dizziness-related vestibular impairment from post-traumatic migraine or cervicogenic factors might be targeted with specific medications for migraine symptoms or physical therapy if it is neck-related. (Kontos, 2013)."The medical records fail to demonstrate what type of visual disturbances and what type of evaluation this patient has received. The most recent visual exam on 5-6-14 is illegible and provides a prescription for glasses. Previous evaluations state that the patient has diplopia and nystagmus. The patient's injury occurred in 1993 and there has been no new injuries. Also, the records fail to demonstrate what therapy has been tried prior and her response. The records fail to indicate any of the indications mentioned above. As such, the request for visual rehabilitation is not medically necessary.

**New Glasses:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preferred Practice Patterns committee; ophthalmic abnormalities, the ophthalmologist prescribes glasses,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Vision Evaluation

**Decision rationale:** The MTUS is silent on glasses, the ODG were used. In regards to visual evaluation, recommended. Vision evaluation is a well-established series and combination of examination techniques and diagnostic tests that generates information regarding the presence or absence of refractive error, vision loss, oculomotor dysfunction, binocular vision disorder, ocular injury, and pathology. Visual evaluation may be necessary to evaluate central and peripheral nervous system disorders including central visual acuity loss, visual field loss, nystagmus, ocular motility impairment, cranial nerve palsy, ophthalmoplegia, pupillary reflex disorders, and visual perceptual disorders. The patient may need to see a neurodevelopmental optometrist for the evaluation since a regular eye doctor may only consider the health of the eye and not how the brain is interpreting visual information. (Brain, 2000) (Colorado, 2005) (Fisk, 2002). The medical records fail to demonstrate any of the above indications. The requesting provider states that the patient has visual disturbances but does not state if the patient currently has glasses, if there are any issues with her current glasses or reason why a new pair is necessary. Her most recent exam is from 5-6-14 but it is unclear if this prescription was filled and this is a new request. As such, the request for new glasses is not medically necessary.

**Driver:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Knee and Leg procedure , transportation (to and from)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Transportation to and from medical appointment.

**Decision rationale:** MTUS does not address transportation, so alternate guidelines were utilized. ODG states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)." The treating physician has not provided evidence of significant functional deficits on physical exam that would prevent the patient from utilizing public transportation. In addition, the treating physician did not provide evidence that the patient does not have family members to assist or an adapted vehicle for self-transport. The treating physician does not provide enough information to satisfy guideline. As such, the request for Driver is not medically necessary at this time.