

<b>Case Number:</b>	CM15-0214241		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	09/06/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Physical Medicine & Rehabilitation

### 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 25 year old female, who sustained an industrial injury on September 06, 2015. The injured worker was diagnosed as having concussion and post-concussion syndrome. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated September 18, 2015 the treating physician reports complaints of a change in the sleep cycle along with heightened hearing sensitivity and intermittent vestibular and balance issues. Examination performed on September 18, 2015 was unrevealing for acute processes. On September 18, 2015, the treating physician requested physical therapy specifically vestibular therapy due to recent head injury or trauma. On October 09, 2015, the Utilization Review determined the request for vestibular therapy to be modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vestibular therapy:** 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), Head, Vestibular PT rehabilitation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, under Vestibular PT Rehabilitation.

**Decision rationale:** The patient presents with post concussion syndrome headaches, dizziness, and tinnitus. She has heightened hearing sensitivity and intermittent vestibular/balance problems. The request is for vestibular therapy. The request for authorization form is dated 09/30/15. Patient's diagnoses include concussion; post concussion syndrome. Physical examination findings were unremarkable. Patient's medication includes Melatonin. The patient's work status is not provided. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." ODG Guidelines, Head chapter, under Vestibular PT Rehabilitation Section states, "Recommended for patients with vestibular complaints (dizziness and balance dysfunction) such as with TBI/concussion. 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." Per progress report dated 09/18/15, treater's reason for the request is "Maximize and maintain optimal physical activity and function. Ordered physical therapy, specifically vestibular therapy. Also recommend early morning light therapy." Review of provided medical records show no prior Vestibular Therapy visits. In this case, the patient is diagnosed with a concussion and continues with vestibular problems. Given the patient's condition, a short course of Vestibular Therapy would appear to be indicated. However, treater does not quantify the amount visits of the requested Vestibular Therapy. In addition, there is no guideline support for indefinite visits of therapy. Therefore, the request is not medically necessary.