

<b>Case Number:</b>	CM15-0042694		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on September 21, 2011. She reported a head injury and injuries to her left knee, left elbow, and nape of neck pain. The injured worker was diagnosed as having late effect of traumatic brain injury, vestibular vertigo, tinnitus of the bilateral ears, hyperacusis, and benign paroxysmal positional vertigo, right. Treatment has included work modifications and vestibular physical therapy. On January 21, 2015, the treating physician reports physical therapy has been helping her dizziness. She reported she felt like she was moving better, and the physical therapy was helping a little bit. The physical therapy assessment revealed improvement with balance and walking strategies. Her use of VOR for gaze stability was normal but the response of dizziness was not. The treatment plan includes for additional physical therapy treatment for dizziness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vestibular Therapy 2 x 4 (TBI, Vertigo, Tinnitus):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Head.

**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 injured worker sustained a work related injury on September 21, 2011. The medical records provided indicate the diagnosis of ate effect of traumatic brain injury, vestibular vertigo, tinnitus of the bilateral ears, hyperacusis, and benign paroxysmal positional vertigo, right. Treatment has included work modifications and vestibular physical therapy. The medical records provided for review do indicate a medical necessity for Vestibular Therapy 2 x 4 (TBI, Vertigo, Tinnitus). The MTUS is silent of physical therapy for Traumatic Brain injury, Vertigo and Tinnitus; however, the official Disability Guidelines recognizes it to be beneficial. This Guides states that a physical therapist-prescribed balance and strength home exercise program significantly improved outcomes relative to the control group. Therefore, due to the significant level of benefit from this form of treatment when prescribed by a therapist, the number of visits should be determined, not by the reviewing physician, but by the therapist, or the physician who has direct communication with the therapist.