

Case Number:	CM15-0054162		
Date Assigned:	03/27/2015	Date of Injury:	08/30/2005
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male, with a reported date of injury of 08/30/2005. The diagnoses include peripheral vertigo, hearing loss, and tinnitus. Treatments to date have included an audiogram and a videonystagmography (VNG). The progress report dated 02/23/2015 indicates that the injured worker complained of balance issues, ringing in his ears, headaches, insomnia, and double vision. He stated that the ringing in his ears had gotten worse and the buzzing was louder. The objective findings include tenderness to palpation of the sinus, normal facial function, and a normal ear examination. The treating physician requested six vestibular rehabilitation treatments for continual balance issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular Rehab (12 treatments): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Head Chapter: Physical Medicine Treatment; also see Vestibular PT Rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury nearly 10 years ago. He is being treated for impairment of balance and has undergone testicular testing. When seen by the requesting provider, the test results were reviewed and had not shown clear findings of vestibular pathology. He was having worsening tinnitus. His dizziness was unchanged. There was no assessment of balance or gait. The claimant has already had physical therapy including pool therapy. In this case, there is no new injury and no specific diagnosis in terms of the requested treatment. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency. Additional physical therapy is not medically necessary.