MAXIMUS Federal Services

| Case Number: | CM14-0017380 | | |
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| Date Assigned: | 04/14/2014 | Date of Injury: | 08/07/2010 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

## 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. The expert reviewer is Board Certified in Otolaryngologist, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 63-year-old female with a reported date of injury on 08/07/2010. The mechanism of injury reportedly occurred while the injured worker was carrying a bag for a customer at [redacted]. The injured worker presented with weakness in the hands and dizziness. Upon physical examination the injured worker denied visual disturbances, difficulty speaking, difficulty swallowing, weakness, bowel incontinence or bladder incontinence. According to the clinical note dated 12/20/2013, the injured worker previously participated in 39 vestibular rehabilitation sessions. The clinical documentation indicated the injured worker had an MRI, the results of which were not provided within the documentation available for review. The injured worker's diagnoses included posttraumatic right peripheral vestibulopathy and high frequency vestibulopathy, oscillopsia, otolith dysfunction and posttraumatic right benign vertigo. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization of 12 additional sessions of vestibular rehabilitation was submitted on 01/21/2014. The physician indicated 12 additional vestibular therapy sessions were requested due to abnormal test findings from the injured worker's most recent assessment. The goals of therapy were to achieve further central compensation for the right peripheral vestibulopathy and high frequency vestibulopathy, and ameliorate symptoms of dizziness and unsteadiness.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL SESSIONS OF VESTIBULAR REHABILITATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Vestibular PT rehabilitation.

**Decision rationale:** The Official Disability Guidelines recommend vestibular rehabilitation for injured workers with vestibular complaints (dizziness and balance dysfunction). Vestibular rehabilitation has been shown to be associated with improvements in independence and dynamic visual acuity. Vestibular rehabilitation should be considered in the management of individuals post concussion with dizziness in gait and balance dysfunction that do not resolve with rest. The use of vestibular rehabilitation for injured workers with balance and vestibular disorders improves function and decreases dizziness symptoms. A 6-month physical therapist prescribed balance and strength home exercise program significantly improved outcomes relative to the control group. An injured worker identified as having predominantly dizziness related vestibular impairment from posttraumatic migraine or cervicogenic factors might be targeted with specific medications for migraine symptoms or physical therapy if it is neck related. The clinical information provided for review does not have documentation related to the injured worker's medication regimen and utilization of previous physical therapy. According to the documentation provided for review, the injured worker previously attended 39 vestibular rehabilitation visits. The clinical note dated 12/20/2013 and the clinical note dated 04/24/2013, both indicated the injured worker was not compliant with home based exercises. Within the clinical note dated 03/12/2014, the injured worker indicated the symptom of dizziness had improved. Guidelines recommend a 6-month physical therapist prescribed balance and strength home exercise program. According to the documentation provided for review, the injured worker has previously participated in vestibular rehabilitation program prior to 04/2013. In addition, the rehabilitation documentation indicates the injured worker is not compliant with home based exercise program. There is a no documentation related to the ongoing therapeutic and functional benefits related to the ongoing participation in vestibular rehabilitation. In addition, the request for 12 additional sessions exceeds recommended guidelines. Therefore, the request for 12 additional sessions of vestibular rehabilitation is not medically necessary.