

Case Number:	CM14-0152063		
Date Assigned:	09/22/2014	Date of Injury:	05/06/1996
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 53-year-old male with a date of injury of 05/06/1996. The listed diagnoses per [REDACTED] are: 1. Vestibular hypofunction, 2. Sensorineural hearing loss. According to report 11/6/13 by [REDACTED], the patient presents with loss of vestibular function with ongoing balance problems. The treater states that "the patient's vestibular function will never return in that ear, and maintenance of balance is depending upon his other symptoms to compensate for the loss." It was noted that patient had an excellent response to balance therapy and it is likely his need for therapy will extend beyond these initial treatments. He recommends a hearing aid to maximize hearing and vestibular therapy 12 sessions for treatment of vestibular dysfunction. Utilization review denied the request on 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, vestibular for twelve visits, quantity 12: Overturned

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 Chapter, Vestibular PR Rehabilitation

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

Decision rationale: This patient continues with vestibular function loss. The treater is vestibular therapy 12 sessions for treatment of vestibular dysfunction. Utilization review denied the request stating, that there is "no notes providing evidence of improvement with said therapy." ODG has the following regarding vestibular therapy, "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." In this case, the patient has ongoing dizziness and balance issues from vestibular dysfunction. ODG supports vestibular therapy for vestibular complaints and the requested treatments are reasonable. Recommendation is for approval.