

Case Number:	CM15-0013734		
Date Assigned:	02/02/2015	Date of Injury:	06/24/2010
Decision Date:	04/14/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56 year old female who sustained an industrial injury on 6/24/10. The injured worker reported symptoms in the brain. The diagnoses included closed head injury, cognitive mood impairment, stable, cervical strain with cervical disc disease, post-traumatic vertigo with episodic balance problems. Treatments to date include physical therapy. In a progress note dated 12/29/14 the treating provider reports the injured worker was with "complaints of impaired balance approximately once a week...associated with ringing in the ears." On 1/7/15 Utilization Review non-certified the request for 12 sessions of balance therapy at [REDACTED] day program 2 x 6. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of balance therapy at [REDACTED] Day Treatment program 2x 6 weeks: 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 Chapter, 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) head, vestibular rehabilitation, updated January 21, 2015.

Decision rationale: A review of the attached medical records indicates that the injured employee has had a head injury nearly 5 years ago and has previously participated in vestibular rehabilitation therapy since January 2013. There is no documentation of any improvement with this treatment. Additionally it is unclear if this requested program contains any different therapy than what has already been administered. Without additional justification, this request for 12 sessions of balance therapy at the [REDACTED] Day Treatment Program is not medically necessary.