

Case Number:	CM15-0070009		
Date Assigned:	04/17/2015	Date of Injury:	03/19/2013
Decision Date:	05/18/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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 32 year old male injured worker suffered an industrial injury on 03/19/2013. The diagnoses included craniofacial injury, traumatic brain injury, post traumatic head syndrome, craniocervical headaches, cervical sprain, and post-traumatic labyrinthine concussion. On 5/23/2014 the diagnostic audiological and balance evaluation revealed recurrent vertigo, dizziness, unsteadiness, and imbalance. It was recommended at that time for the injured worker to attend a program of vestibular rehabilitation. 1/22/2015 the treating provider reported the injured worker woke up completely confused about what day of the week it was. On 3/5/2015 the treating provider reported a slow verbal response. The treatment plan included Vestibular rehabilitation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vestibular rehabilitation therapy 2x wk x 6wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (updated 01/21/2015).

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.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for symptoms after being knocked backwards while clearing a machine and landing in a seated position. When seen, there was a normal neurological examination including gait and balance. In this case, there is no identified vestibular dysfunction. The treating provider does not document any particular deficit that would indicate a need for vestibular therapy. The request is not medically necessary.