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| <b>Case Number:</b>   | CM15-0097100 |                              |            |
| <b>Date Assigned:</b> | 05/27/2015   | <b>Date of Injury:</b>       | 03/05/2014 |
| <b>Decision Date:</b> | 06/25/2015   | <b>UR Denial Date:</b>       | 04/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/19/2015 |

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial/work injury on 3/5/14. She reported initial complaints of forehead pain with head trauma. The injured worker was diagnosed as having post- concussion syndrome and insomnia. Treatment to date has included medication, diagnostics, and neurology consultation. MRI results were reported on 3/25/14. CT scan results were reported as negative. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 5/6/14. Ambulatory EEG (electroencephalogram) was performed on 6/23/14 was reported as abnormal activity in frontal lobe with absence seizures and started on Keppra. Currently, the injured worker complains of dizziness, headaches, nausea, photosensitivity, hearing loss, memory problems, fatigue, and anxiety. Per the primary physician's progress report (PR-2) on 3/31/15, the injured worker had prior history of Mal de Debarqueman syndrome. Examination noted alert and oriented, anxious, recurrence of vertigo and nausea with stepping and placing counting by 5 to 100. Current plan of care included medication, physical therapy for vestibular rehab, and speech-language for cognitive therapy. The requested treatments include Physical Therapy for Head and Speech Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Head, 24 sessions:** 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 chapter - Vestibular Physical Therapy Rehabilitation; Cognitive therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, vestibular physical therapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states vestibular physical therapy is indicated in patients with dizziness or imbalance due to vestibular origin. This has not been established in the provided clinical documentation for review and therefore the request is denied. Therefore, the requested treatment is not medically necessary.

**Speech therapy, 24 sessions:** 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 chapter - Speech Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, speech therapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states speech therapy is indicated in patients with swallowing disorders or communication impairment as a result of injury/infection or stroke. The provided clinical documentation does not demonstrate significant swallowing or communication disorder which would necessitate speech therapy. Therefore the request is denied. Therefore, the requested treatment is not medically necessary.