

Pure Resolutions LLC

An Independent Review Organization

Phone Number:
(817) 779-3288

990 Hwy. 287 N. Suite 106 PMB 133
Mansfield, TX 76063
Email: pureresolutions@irosolutions.com

Fax Number:
(817) 385-9613

Notice of Independent Review Decision

Case Number:

Date of Notice: 04/21/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

Vestibular Rehab PT 2-3 X 8

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. On this date a metal bar fell and hit her on the left temporal side of the skull. She denies losing consciousness. Since then she has had neck pain, headaches, photophobia and vertigo with loss of balance. Note dated 11/25/14 indicates that the patient reports she did not respond to any physical therapy to her cervical region. Physical therapy evaluation dated 12/18/14 indicates that primary diagnosis is concussion with loss of consciousness of 30 minutes or less; chronic post-traumatic headache. Treating diagnosis is benign paroxysmal vertigo. Short term objectives include patient to be independent with home exercise program, patient to be able to sleep through the night without waking, and patient to reduce frequency of vertigo by 50%. The patient reports she has a difficult time concentrating and teaching. She is recommended for skilled physical therapy due to deficits in functional mobility and balance. Follow up evaluation dated 01/21/15 indicates that the patient continues to have pain in her neck and left eye. She went to vestibular rehab and showed Epley maneuver and full rehab is reportedly needed. The patient states that overall the symptoms have decreased. On physical examination cervical range of motion is improved. Deep tendon reflexes are normal. Sensation and motor exams are normal. Progress note dated 02/10/15 indicates that she is having a lot of symptoms of difficulty with balance. She reports she had an Epley maneuver done in the past, but she has not had any consistent vestibular rehabilitation. On physical examination she is alert and oriented. She appeared in a moderate degree of anxiety. Her cranial nerve examination is normal. Pupils were 2+ on the right, 1+ on the left.

Pure Resolutions LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 04/21/2015

They were reactive. She remained very photophobic. On cerebellar examination, there was no tremor present. Her gait was wide based but she was able to perform tandem. Her neuro-psych testing continues to be unavailable.

Initial request for vestibular rehab PT 2-3 x 8 was non-certified on 01/28/15 noting that there was lack of documentation in regard to the previous sessions to indicate objective functional improvement for reconsideration. In addition, the documentation indicated the patient had increased symptoms improvement overall, increased range of motion and had only intermittent disequilibrium. The denial was upheld on appeal dated 02/27/15 noting that the clinical notes indicate the patient complains of intermittent disequilibrium. However, the clinical information also indicates that the patient has completed previous vestibular rehabilitation. There was no documentation with evidence of functional improvement gained with previous physical therapy.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has completed previous vestibular rehabilitation; however, the number of sessions completed to date is not documented. Additionally, there are no functional measures of improvement provided to establish efficacy of treatment and support ongoing sessions in accordance with the Official Disability Guidelines. The current request is excessive and does not allow for adequate interim follow up to assess the patient's progress and adjust her treatment plan accordingly. As such, it is the opinion of the reviewer that the request for vestibular rehab PT 2-3 x 8 is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of
- Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability
- Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)