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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
XX X 6 sessions (1 time a week for 6 weeks)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Neurology

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Overturned	Disagree
☐ Partially Overturned	Agree in part/Disagree in part
☒ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]:
This case involves a now XXXX with a history of an occupational claim from XXXX. XXXX. The diagnoses were listed as XX, XX, XX, XX, and XX. Prior treatment included physical therapy and diagnostic imaging. According to the therapy note dated XXXX, the patient was progressing slowly toward functional goals. XXXX reported XX with exercise, provoked with activity and exertion. XXXX also XX. XXXX XX were rated 7/10, and XXXX reported difficulty with memory and concentration. The recommendation was previously made for XX, although this request was previously denied as there was no documentation of a need for additional therapy, as there were no new conditions or exacerbations of the current condition as the patient had already been approved a XX. Following the denial, the patient presented on XXXX for XXXX XX. XXXX reported constant dizziness, spinning, unsteadiness, short-term memory loss, noise sensitivity, and photosensitivity. The symptoms are exacerbated by movement. The provider did not note significant changes as a result of therapy. XXXX reported daily XX rated 7/10, and difficulty with memory and concentration. The provider did note that the patient was progressing well with physical therapy and was tolerating more ocular exercises in seated and standing positions. XXXX did report some XX. The request was made for XX.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The Official Disability Guidelines state that vestibular therapy is recommended for patients with XX complaints such as XX and balance function. It has shown to be associated with improvements in independence in XX. In this case, the available documentation indicated that the patient had been participating in XX additional treatment was recommended. XXXX was noted to have ongoing dizziness, nausea, and difficulty with memory and concentration. However, the request was previously denied as the patient had already been attending vestibular therapy, and there were no significantly changed findings to support additional treatment. Additionally, the provider documented some subjective improvements such as decreased XX, XX, the provider also noted that there were minimal significant changes as a result of therapy.

Given the above, the request for vestibular physical therapy XX sessions (XX time a week for XXweeks) is not medically necessary, and the prior determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Head, Vestibular PT rehabilitation