

Case Number:	CM13-0005020		
Date Assigned:	12/11/2013	Date of Injury:	05/01/2003
Decision Date:	02/05/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for cardiomyopathy, memory difficulties, and productive aphasia apparently associated with cumulative trauma at work between the dates of April 1997 through May 1, 2003. Thus far, the applicant has been treated with the following: Fifty-six sessions of speech therapy; attorney representation; and extensive periods of time off work. In a utilization review report of July 15, 2013, the claims administrator modified a request for 12 sessions of speech pathology to a total of six additional sessions of speech pathology. It is suggested on various other utilization review reports that the applicant has had anywhere between 52 and 56 sessions of speech therapy. In a medical legal evaluation of December 5, 2012, the applicant is described as shaking his head up and down in response to questions. The applicant was not able to speak. The applicant is depressed. The applicant was given a 40% whole-person impairment rating. A later note of November 2, 2013 is notable for comments that the applicant is doing ongoing speech therapy, has had a number of strokes, and had significant amounts of depression, anxiety, fatigue, and dysarthria. The applicant is having some personal issues. He is still dyslexic. An iPad device is sought, along with additional speech therapy. Another note of November 1, 2013 is notable for comments that the applicant is off work, on total temporary disability. It is again stated that the applicant is having issues in terms of speech and communication following his stroke. MRI imaging apparently confirms the evidence of old strokes. The applicant does exhibit a flattened affect and can only provide one- to two-word answers and often has to shake his head up and down to answer questions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech pathology times 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary-Speech Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter-criteria for Speech Therapy and the and the MTUS Definitions: Functional Improvement.

Decision rationale: The Physician Reviewer's decision rationale: The MTUS does not address the topic of speech therapy. The ODG head chapter suggests that criteria for pursuit of speech therapy include a diagnosis of a speech disorder resulting from injury or trauma or medical illness or disease. ODG suggests that any treatment beyond 30 sessions should require authorization. In this case, the applicant appears to have had over 50 sessions of treatment. There does not appear to be any clear evidence of functional improvement as defined in MTUS S9792.20f following completion of the same. The applicant remains off work, on total temporary disability. There is no evidence of diminishing work restrictions or improving work status. Contrary to what has been suggested by the treating provider, there appears to be no improvement in terms of speech. The applicant is still shaking his head yes or no in response to answers. He is not vocalizing responses. Thus, there appears to have been no improvement in terms of speech or articulation, it seems, and no improvement in terms of work status. Continuing speech therapy in this context is not indicated. Therefore, the request is not certified.