

<b>Case Number:</b>	CM13-0031927		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker is a 31-year-old male who reported an injury on 02/03/2011. The mechanism of injury was noted to be a fall from a forklift. The injured worker's treatments were noted to be rehabilitation, speech therapy, physical therapy, medications and trigger point injections. The injured worker's diagnoses were noted to be traumatic brain injury and word-finding difficulty. The injured worker had a clinical evaluation on 08/24/2013. The injured worker reported that his back pain was improved with physical therapy and medications. He noted headaches were unchanged in frequency. He indicated 2 headaches per week. It was noted that he had episodes of word-finding difficulty. The physical examination includes a neurological exam with findings of diminished attention and recall as well as difficulty spelling words backwards. The treatment plan included continuing seizure prophylaxis, continuing medication for headache prophylaxis. The injured worker will continue with physical therapy and trigger point injections. The provider's rationale for the request of speech therapy was not provided within the documentation. A request for authorization for medical treatment was dated 08/26/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPEECH THERAPY 2 X 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Speech Therapy.

**Decision rationale:** The Official Disability Guidelines indicate criteria for speech therapy: A diagnosis of speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease is necessary; documented functional speech disorder resulting in an inability to perform at the previous functional level; supportive documentation with an expectation by the prescribing physician that measurable improvement is anticipated in 4 to 6 months. The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Lastly, treatment beyond 30 visits requires authorization. It is not clear how many speech therapy visits the injured worker has already participated in with documented efficacy. In addition, the request fails to indicate that speech therapy will be delivered by a licensed speech and language pathologist or audiologist. Lastly, the documentation fails to support an expectation by the prescribing physician noting measurable improvement anticipation in 4 to 6 months. Therefore, the request for speech therapy twice a week times 6 weeks is not medically necessary.