

Case Number:	CM13-0037340		
Date Assigned:	12/13/2013	Date of Injury:	01/19/2012
Decision Date:	03/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with date injury of 01/19/2012. The listed diagnoses per [REDACTED] dated 08/12/2013 are mood disorder associated with traumatic brain injury, cognitive disorder and chronic pain disorder. According to progress report 08/12/13 by [REDACTED], objective findings shows pain rating of 17/20 based on the Stanford Scale. The spine, shoulder and upper extremities and activities of daily living are affected due to pain. He has limited use of his upper extremities. Mood effect is at 5/10 and is currently more discouraged about his condition. The provider is requesting 24 additional speech therapy sessions to stabilize his mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech/language therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with memory loss associated with traumatic brain injury. The utilization review dated 09/17/2013 denied the report stating "The patient has completed 30 speech therapy visits and there seems to be insufficient documentation of objective gains as a result of prior treatments to establish efficacy of treatment and support ongoing rehabilitation. Reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy." Speech therapy report dated 09/10/2013, shows the patient is making progress and has partially met his goals. The therapist noted that the patient is using strategies to help him increase his motivation to use tools, like a voice recorder, to close the memory gap. ODG Guidelines for speech therapy states that it is a "therapeutic intervention that is designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders. The treatment beyond 30 visits requires authorization." In this case, the patient is slowly progressing towards his speech therapy goals and may require additional sessions. However, the requested 24 sessions in addition to already completed 30 sessions are excessive. The recommendation is for denial.