

Case Number:	CM13-0047461		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2001
Decision Date:	06/06/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/03/2013

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 Pain Medicine, and is licensed to practice in Texas and New York.. 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 injured worker is a 66-year-old male who sustained an injury on 07/01/01. The mechanism of injury is documented as work related stress. The records indicate that the injured worker has an extensive medical history, including hypertension, at least 3 strokes, type II diabetes, and depression. A clinical note dated 09/05/13 reported that the patient has developed worsening right sided weakness and speech difficulties. The injured worker was under a significant amount of stress due to work related exposure and subsequently sustained a stroke in April of 2002. He underwent cardiac catheterization in June of 2002, was found to have likely cardiomyopathy and small vessel cardiovascular disease. A computed tomography (CT) scan of the head revealed a wedged-shaped lesion and hypodense abnormality within the right cerebellar areas associated with right cerebellar infarction with associated edema around the fourth ventricle. The injured worker underwent a speech evaluation for severe dysarthria and development of aphasia. It was reported that multiple requests for a computer-aided device and speech recognition software was requested in the past, but had been denied. A clinical note dated 10/11/13 reported that the request for additional speech therapy x 12 visits was denied, but a partial certification for 1 visit was certified and that the computer-aided device purchase was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Speech Therapy x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Head Chapter, Speech therapy (ST).

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

Decision rationale: The CA MTUS does not address speech therapy specifically. The Official Disability Guidelines (ODG) is consulted in determining medical necessity for the request for the twelve additional speech therapy visits. It was noted that the patient is to complete speech therapy; however, is still having significant issues in terms of speech. The patient is unable to speak in full sentences and answers questions by nodding yes or no. The records indicate that the patient has completed at least 56 visits of speech therapy to date. The Official Disability Guidelines (ODG) state that treatment of communication impairment and swallowing disorders outlines that treatments beyond 30 visits require authorization. There is no additional significant objective information provided that would support the need to exceed the ODG recommendations, either in frequency or duration of speech therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for additional speech therapy x 12 has not been established. The recommendation is for non-certification.

DME Computer Aided Device Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version, Durable Medical Equipment (DME).

Decision rationale: The CA MTUS does not address durable medical equipment specifically. The Official Disability Guidelines (ODG) is consulted. The ODG states that purchase of durable medical equipment must be able to withstand repeated use, could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. There was limited evidence that indicates that a computer-aided device was used in the clinical setting (with over 56 completed speech therapy visits) and/or provided significant objective and functional benefit. Given the clinical documentation submitted for review, medical necessity of the request for DME computer-aided device purchase has not been established. The recommendation is for non-certification.