MAXIMUS Federal Services

Case Number:	CM13-0065017		
Date Assigned:	01/03/2014	Date of Injury:	06/23/2013
Decision Date:	05/16/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/12/2013

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 42-year-old male who reported an injury on 06/23/2013, after being attacked by an inmate. Current diagnoses include posttraumatic stress disorder, major depression, cognitive disorder, and pain disorder. The injured worker was evaluated on 11/26/2013. The injured worker reported symptoms of nightmares, flashbacks, helplessness, low self esteem, low energy, poor concentration, poor memory, weight gain, agitation and irritability, and insomnia. Mental status examination revealed impaired memory, depressed and anxious mood, and appropriate affect. Treatment recommendations included continuation of current medication and continuation of speech therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPEECH THERAPY QTY:30: 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) Head Chapter, Speech Therapy

Decision rationale: The Official Disability Guidelines state criteria for speech therapy includes a diagnosis of a speech, hearing, or language disorder resulting from an injury or trauma, a clinically documented functional speech disorder resulting in an inability to perform at the previous functional level, and documentation supporting and expectation by the prescribing physician that measurable improvement is anticipated in 4 to 6 months. There is no documentation of significant improvement following the initial course of speech therapy. There is no diagnosis of a speech, hearing, or language disorder. There is no clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. Guidelines further state treatment beyond 30 visits requires authorization. The injured worker has completed an unknown amount of speech therapy sessions to date. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary and appropriate.