

Case Number:	CM14-0003804		
Date Assigned:	02/03/2014	Date of Injury:	03/13/2009
Decision Date:	06/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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, 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 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:

This patient is a 64-year-old female with a date of injury 03/19/2009. Per agreed medical evaluator report 10/16/2013, the patient fell hitting her face, became dazed but without loss of consciousness. She is presenting with difficulty with word selection and has a partial short term memory impairment. She has returned to work as a principal but during meetings, she would remember some things but not everything. The patient did have neurocognitive testing. Current medications include alprazolam, omeprazole, lisinopril, simvastatin, hydrochlorothiazide. Listed diagnoses are head and face trauma from 2009, left zygomatico-orbital fracture, left frontotemporal subdural hematoma; traumatic hyphema, left eye; post-concussion syndrome, contusion of the left little ring finger, contusion of the left shoulder, contusion of the left knee, essential hypertension, cognitive disorder manifested by short term and long term memory impairment, word finding disorder, anxiety and depression; GERD, preexisting; neck pain with absent triceps reflex rule out cervical radiculopathy. The agreed medical evaluator indicates in summary that she was recommended for formal speech language therapy to address subtle areas of cognitive weakness in relative to attention and long term retrieval and processing speed, to increase overall effectiveness and efficiency. Speech evaluation had indicated areas of impairment including weakness related to attention and long term retrieval.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPEECH THERAPY, 6 HOURS A DAY FOR 2 DAYS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Speech & Cognitive Therapy

Decision rationale: The current request is for speech therapy 6 hours a day for 2 days. This is based on a rather comprehensive speech pathology evaluation from 12/27/2012. Based on careful review of the agreed medical evaluation from 10/16/2013 and the speech pathology length report from 12/27/2012, there appears to be a need for speech therapy. MTUS, ODG, ACOEM Guidelines do not specifically address this request. However, the request is for 6 hours intensive therapy for just 2 days which appears quite reasonable and medically sound.

COGNITIVE REHAB, 1 HOUR PER WEEK FOR 10 WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter, Cognitive Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria For Speech Therapy.

Decision rationale: This patient presents some cognitive deficits, although the patient has been a highly functional individual. The patient has history of subdural hematoma that resolved without surgery from the initial injury. She also has some orbital facial fracture as well. A relatively recent speech pathology evaluation 12/27/2012 recognized some subtle deficits of the patient's cognition and long term recall as well as attention deficits. The recommendation was for cognitive rehab 1 hour per week for 10 weeks. The request appears quite reasonable and medically necessary given the patient's history of brain injury and continued complaints of subtle cognitive deficits including a tension and long term memory difficulties. Review of the provided reports does not show that this patient had the luxury of cognitive rehab in the past.