MAXIMUS Federal Services

Case Number:	CM14-0101585		
Date Assigned:	07/30/2014	Date of Injury:	10/30/2012
Decision Date:	10/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 Preventative Medicine 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:

According to the records made available for review, this is a 41-year-old female with a 10/30/12 date of injury. At the time (6/3/14) of the request for authorization for speech therapy evaluation and treatment (no duration or frequency listed) and gastroenterology consult, there is documentation of subjective (notices a gradual change in her throat, she began to notice that her voice was becoming more hoarse than usual, occasional pain in her throat when swallowing, feels a constant need to clear throat, feels food she is swallowing tends to get stuck in her throat) and objective (flexible nasolaryngoscopy shows tiny vocal cords nodules junction anterior 1/3 and mid 1/3) findings, current diagnoses (vocal cords nodules), and treatment to date (medication and speech therapy on 2/2013). Regarding speech therapy evaluation and treatment (no duration or frequency listed), there is no documentation of a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease; clinically documented functional speech disorder resulting in an inability to perform at the previous functional level; documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; and the level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist, and a specified duration and frequency. Regarding gastroenterology consult, there is no documentation identifying how gastroenterology consult will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapy Evaluation and Treatment (no Duration or Frequency Listed): Upheld

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

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease; clinically documented functional speech disorder resulting in an inability to perform at the previous functional level; documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; and the level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist, as criteria necessary to support the medical necessity of speech therapy. In addition, ODG supports up to 30 visits. Within the medical information available for review, there is documentation of diagnoses of vocal cords nodules. However, there is no documentation of a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease; clinically documented functional speech disorder resulting in an inability to perform at the previous functional level; documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; and the level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. In addition, there is no documentation of a specified duration and frequency. Therefore, based on guidelines and a review of the evidence, the request for speech therapy evaluation and treatment (no duration or frequency listed) is not medically necessary.

Request for Gastroenterology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation IME and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of vocal cords nodules. However, there is no documentation identifying how gastroenterology

consult will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for gastroenterology consult is not medically necessary.