

<b>Case Number:</b>	CM14-0016322		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Emergency Medicine and is licensed to practice in 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 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 patient is a female who was injured on March 2, 2010. The patient continued to experience pain in her neck, head, bilateral knees, and bilateral hands. The patient stated that she had stuttering speech under stressful situations. The physical examination was notable for normal cranial nerves, tenderness to the cervical spine and decreased sensation to light touch to the left side. The diagnoses included status post mild traumatic brain injury, bilateral knee meniscus injury, cervical strain/sprain, and lumbar strain/sprain. The treatment included home exercise, medications, and splints. The request for authorization for eight (8) sessions of speech therapy was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 SESSIONS OF SPEECH THERAPY:** 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), 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, SPEECH THERAPY.

**Decision rationale:** The Official Disability Guidelines indicate that speech therapy is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. The guidelines also indicate that speech therapy is recommended for diagnosing speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease and for treating clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. In this case the patient did not have a diagnosed speech disorder. There is no documentation of speech difficulty in the physical examinations. There is no diagnosis of speech disorder. Medical necessity is not established. The request should not be authorized.