

Case Number:	CM14-0019012		
Date Assigned:	04/23/2014	Date of Injury:	04/30/2013
Decision Date:	07/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic laryngitis and laryngeal reflux reportedly associated with an industrial injury of April 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 30, 2014, the claims administrator denied a request for 32 sessions of speech therapy, stating that there was no evidence of bonafide speech pathology present here which would require speech therapy on the order of that proposed. The applicant's attorney subsequently appealed. A January 10, 2014 voice assessment report was notable for comments that the applicant was a teacher and caretaker for her daughter who was having difficulty working owing to her voice problem. The applicant was described as having persistent hoarseness. The applicant apparently consulted an otolaryngologist who observed a very small vocal fold nodule and signs of laryngeal reflux. The applicant had an 82.5% handicap, it was stated. The applicant's phonation and breath use were reportedly inadequate. It was stated the applicant had to constantly clear her throat and did not have any issues with diet contributing to her complaints. It was stated that the applicant's dysphonia was a function of muscle tension. A lengthy course of speech therapy was endorsed so that the applicant could return to work as a teacher. In a February 27, 2014 HEENT evaluation, the applicant was described as having had some earlier speech therapy but had reportedly regressed. The applicant's hoarseness was reportedly persistent. The applicant stated that inhalers, Motrin, and even a course of Decadron. The applicant's otolaryngologist states that the applicant is working in a nutritional office at present but no longer needs to project her voice as she did while teaching. The applicant's original job involved teaching 3- to 5-year-olds. The applicant exhibited a mildly coarse voice. It was stated that the applicant was not malingering.

The applicant had moderate inflammation about the posterior commissure of the larynx, it was noted on ENT exam. It was further noted that the applicant had a history of both laryngeal reflux and gastroesophageal reflux. The attending provider writes that he believes that the applicant can do clerical work as long as she does not have to talk greater than three hours a day. It was stated that speech therapy was imperative, along with an antireflux protocol. An earlier note of January 9, 2014 was notable for comments that the applicant's persistent hoarseness was a function of chronic laryngitis secondary to laryngeal reflux disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPEECH THERAPY VISITS, 2 TIMES A WEEK FOR 16 WEEKS: 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) ODG Head Chapter, Speech Therapy.

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG Head Chapter, Speech Therapy topic, criteria for pursuit of speech therapy includes a diagnoses of speech, hearing, language disorder resulting from an injury, trauma, or a medically based illness in applicants who have a documented functional speech disorder resulting in an inability to perform at the previous functional level in whom there is a reasonable expectation of improvement within four to six months. In this case, the applicant does have evidence of hoarseness associated with laryngeal reflux, a medical illness/medical diagnosis. The applicant is apparently unable to function in her former role as a teacher, which requires speaking and projecting loudly throughout the course of an entire workday. There is no seeming evidence of secondary gain present here; the applicant is apparently working in an alternate, modified role as a clerk where she does not have to speak more than two hours a day. There is evidence that improvement is possible here. The applicant does not appear to have any clear lesion amenable to surgical correction, such as a vocal cord malignancy, for instance. The request is medically necessary and appropriate.