

Case Number:	CM14-0113413		
Date Assigned:	08/01/2014	Date of Injury:	06/06/2012
Decision Date:	09/25/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family 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:

This is a 55 year old male who reported an industrial injury to the right elbow and right shoulder on 6/6/2012, over two (2) years ago, attributed to the performance of his regular job duties reported as missing the lift-gate and fell to the ground landing on the right elbow sustaining a laceration to the elbow. The patient struck his head but was wearing a hardhat and did not lose consciousness. The patient complains of headaches. The patient has completed chronic pain PT after having right shoulder arthroscopy with debridement, SLAP repair, mini open repair of the supraspinatus and infraspinatus tears and chronic subscapularis tear, biceps tenodesis and distal clavicle excision. The patient was noted to have cardiac issues. The patient was treated for chronic pain subsequent to the shoulder arthroscopy. The patient reported an episode of chest pain and dizziness while working in the yard. The objective findings on examination included speech normal; normal gait; no facial weakness; CN intact; no ataxia; balance good; no tenderness to the right shoulder; range of motion was limited to abduction 120; flexion 140; cervical spine range of motion within normal limits; no tenderness to palpation of the paraspinals. The diagnoses included tear of the rotator cuff; mild cognitive impairment; status post-surgery shoulder/biceps tendon disorder. The treatment plan included a prescription for "speech therapy with Occupational Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech Therapy with Occupational Therapy times six (6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Criteria for speech therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General disciplinary Guidelines for the practice of medicine.

Decision rationale: The patient was noted to have normal speech on the objective findings on examination. There was no demonstrated head injury on the date of injury. The patient is noted to have had cognitive issues; however, there was no provided nexus to the cited mechanism of injury. There was no rationale supported with objective evidence to support the medical necessity of speech therapy or occupational therapy for the objective findings documented on examination. There was no specificity as to the Occupational Therapy request. The requesting provider prescribed speech therapy and occupational therapy without establishing medical necessity. There was no baseline issue there and there was no documentation of prior speech therapy based on the cited mechanism of injury. The prescribed Occupational Therapy was not directed to a specific body part. The request for treatment was not supported with sufficient objective evidence to establish medical necessity in relation to the treatment plan. Speech Therapy with Occupational Therapy times six (6) is not medically necessary.