MAXIMUS Federal Services

Case Number:	CM14-0114090		
Date Assigned:	08/04/2014	Date of Injury:	07/17/2013
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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 patient is a 63-year-old male who has submitted a claim for status post traumatic brain injury with significant orthopedic, cognitive, and emotional issues secondary to this event associated with an industrial injury date of 07/17/2013.Medical records from 01/07/2014 to 07/15/2014 were reviewed and showed that patient was noted to have decline in cognitive skills. Physical examination (01/20/2014) revealed speech intelligibility was within functional limits and intact voice quality. MRI of the brain dated 07/19/2013 revealed a lesion in the corpus callosum with additional foci of white matter flair hyper-intensity. Treatment to date has included 18 sessions of speech language therapy. Of note, there were minimal gains with previous speech therapy sessions (01/20/2014).Utilization review dated 06/26/2014 denied the request for speech/language treatment times 60 sessions because there was insufficient documentation of objective evidence of derived functional benefit from completed speech.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech/Language x60 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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:
https://my.cigna.com/teamsite/health/provider/medical/procedural/coverage_positions/medical/m_0177_coveragepositioncriteria_speech_therapy.pdf.

Decision rationale: CA MTUS does not specifically address speech therapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, [redacted] was used instead. [redacted] states that speech therapy is medically necessary when a medically determined, severe functional impairment of speech exists, as measured by age-appropriate standardized tests and when all of the following criteria are met: (1) an evaluation has been completed by a certified speech-language pathologist; (2) the therapy requires the one-to-one intervention and supervision of a speech-language pathologist; (3) the therapy plan includes specific tests and measures that will be used to document significant progress every two weeks; (4) meaningful improvement is expected from therapy; and (5) the treatment includes a transition from one-to-one supervision to a patient maintenance of caregiver level upon discharge. In this case, the patient has already undergone 18 sessions of speech therapy. There were minimal gains from previous therapy visits (01/20/2014). Furthermore, specific tests and measures to assess progress every two weeks were not laid out with the therapy plan. It was not specified that the therapy will be conducted in one-to-one intervention with a speech-language pathologist. Therefore, the request for Speech/Language x60 sessions is not medically necessary.