

Case Number:	CM14-0167927		
Date Assigned:	10/15/2014	Date of Injury:	09/23/2013
Decision Date:	12/09/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 a traumatic brain injury, chemical burns, hypertension, and granuloma formation reportedly associated with an industrial injury of September 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple burn debridement procedures; initial placement of a tracheostomy tube; and unspecified amounts of occupational therapy. In a Utilization Review Report dated September 17, 2014, the claims administrator partially approved/conditionally approved a request for speech and language therapy-20 sessions as four sessions of psychotherapy, six sessions of physical therapy, and six sessions of speech therapy. The applicant's attorney subsequently appealed. In an August 11, 2014 neurorehabilitation conference note, the applicant reported a variety of issues, including traumatic brain injury, chemical burn, anxiety, hypertension, granuloma formation, anoxic brain injury, joint pain, and tinnitus. The claimant was apparently asked to continue occupational therapy, continue hand therapy, obtain visual therapy, obtain driving classes, and fully return to driving activities. A consultation with a dermatologist, a burns specialist, and psychologist were all endorsed. On September 9, 2014, the claimant was asked to try and transition to outpatient therapy. Cognitive therapy, vestibular therapy, visual therapy, driving classes, and a neuropsychologist were all sought. It was stated that the applicant was having difficulty with money management and visual task. The claimant's speech was not clearly outlined. In a request for authorization form, 12 to 24 sessions of physical therapy, 12 to 24 sessions of occupational therapy, and 8 to 24 sessions of speech therapy were sought. The applicant's work and functional status were not, however, outlined. The request for authorization was initiated by the treating therapist, it appeared, without an intervening office visit with the attending provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech and Language Therapy X 20 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 Integrated Treatment/Disability Duration Guidelines Head (Trauma, headaches, etc., not including Stress & Mental Disorders)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 8.

Decision rationale: While the MTUS does not specifically address the topic of speech and language therapy, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that demonstration of functional improvement is necessary in various milestones in the treatment program in order to justify continued treatment. Here, the applicant has had previous speech therapy, language therapy, physical therapy, occupational therapy, hand therapy, etc., both on an outpatient basis and via a traumatic brain injury (TBI) rehabilitation program. There has been no clear demonstration of functional improvement to date. The applicant's work status, functional status, current speech and cognitive status, etc., have not been clearly outlined. The applicant's response to earlier treatment has not been clearly outlined. The MTUS guideline in ACOEM Chapter 3, page 48, further notes that it is incumbent upon requesting provider to furnish a prescription for therapy, which clearly states treatment goals. In this case, however, the requesting provider's progress note did not clearly state treatment goals, nor was the applicant's response to earlier treatment in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.