

Case Number:	CM14-0184218		
Date Assigned:	11/10/2014	Date of Injury:	05/28/2014
Decision Date:	12/26/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 61-year old employee with date of injury of 5/28/2014. Medical records indicate the patient is undergoing treatment for s/p brain laceration OT, subarachnoid hemorrhage, head injury unspecified, sprain of hand unspecified and sprain interphalangeal. Subjective complaints include arthritic type pain in his bilateral knuckles. His pain radiates from shoulders to hands which causes his fingers to cramp. His job as a chef requires him to hold heavy pots and due to this hand pain, he cannot function as a chef. His pain is made worse with lifting and repetitive activities. His pain level is constant and runs between 6-8/10. The patient complains of fear of re-injury, anxiety, anger, sadness, depression and poor sleep. Objective findings include 5/5 strength in all extremities and sensation is intact. He presented with mild ataxia and difficulty with tandem gait and instability. He was unable to make a fist. Treatment has consisted of care in a skilled nursing facility, OT, PT, Speech Therapy, Keppra, Lisinopril, Pantoprazole, Lactulose, Docusate Sodium, Dulcolax, Tylenol and Milk of Magnesia. The utilization review determination was rendered on 10/28/2014 recommending non-certification of Speech and cognitive therapy 1 x a week for 20 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech and cognitive therapy 1 x a week for 20 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Consultation, page 127

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, Cognitive Therapy

Decision rationale: According to the ODG, speech therapy is recommended when the following criteria are met: 1) a diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease. 2) Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. 3) Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. 4) The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. 5) Treatment beyond 30 visits requires authorization. According to the ODG, cognitive behavioral psychotherapy and cognitive remediation appear to diminish psychologic distress and improve cognitive functioning among persons with traumatic brain injury (TBI). ODG Psychotherapy Guidelines state the following is recommended: -An initial trial of 6 visits over 6 weeks- With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual session). The medical documents note that the patient has had speech therapy while at a skilled nursing facility. However, the treating physician did not detail the previous speech therapy evaluation and progress while at the skilled nursing facility. In addition, the treating physician progress notes from 9/9/14 states that the workers compensation case carrier recommended speech therapy. The treating physician did not detail the treatment plan and goals for speech therapy and cognitive therapy to meet the above guidelines. As such the request for Speech and cognitive therapy 1 x a week for 20 weeks is not medically necessary.