

<b>Case Number:</b>	CM14-0034220		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Psychology 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 66 year-old female [REDACTED] with a date of injury of 10/7/11. The patient sustained injuries when she slipped and fell and hit her head on a large planter pot as well as her upper extremities on the stairs. Eleven days after the incident, the patient was diagnosed with a ruptured spleen and had an emergency splenectomy. Nine days following the surgery, the patient experienced a cerebrovascular accident resulting in various deficits. The patient sustained these injuries while working as a nanny/housekeeper for Southern Music Publishing Company. In a recent Evaluation/Periodic Report dated 2/19/14, [REDACTED] diagnosed the patient with: (1) Ataxia, minimal; (2) Expressive aphasia with calculation related difficulties; (3) Dysarthria; (4) Cervical strain; (5) Left-sided knee strain; (6) Left shoulder strain; and (7) Anxiety disorder since October 2011. Additionally, in his initial Neuropsychological Consultation dated 8/15/13 and most recent report dated 3/4/14, neuropsychologist, [REDACTED], diagnosed the patient with: (1) Cerebrovascular accident; (2) Ruptured spleen and splenectomy; (3) Cognitive disorder secondary to CVA; (4) History of right-sided paralysis; (5) Speech disorder caused by CVA; (6) Sleep disorder, periodic; and (7) Depression secondary to CVA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Speech therapy/cognitive rehabilitation:** Overturned

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

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

**Decision rationale:** The CA MTUS does not address the use of speech therapy therefore, the Official Disability Guideline regarding the use of speech therapy in brain injured patients will be used as reference in this case. Based on the review of the vast medical records, the patient continues to experience both speech and memory/cognitive deficits. It appears that she completed some speech therapy sessions from February 2012 through May 2012 with demonstrated progress and improvements. Despite this, [REDACTED], in his initial Neuropsychological Consult dated 8/15/13 wrote that the patient has clear difficulties with speech. He further indicated that her speech was halting while assessing her cognitive status. In that same report, [REDACTED] recommended that the patient resume speech therapy/cognitive rehabilitation with her previous speech therapist. In his updated neuropsychological report dated 3/4/14, [REDACTED] stated that the patient is attempting to speak clearly. However, she continues to have residual speech problems. Because of this, I am recommending that she be returned to speech therapy for at least 8-12 sessions to see if the speech therapist can assist this woman in developing somewhat clearer speech so that she can express herself a little bit more directly. These statements provide clear evidence that the patient is in need of further services. As a result, the request for Speech therapy/cognitive rehabilitation is medically necessary.