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| Case Number: | CM14-0034251 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/02/2008 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 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 Physical Medicine and Rehabilitation, and is licensed to practice in New York and Texas. 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 injured worker is a 55-year-old male with a reported date of injury on 09/02/2008. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with weak memory skills and poor organizational skills. The clinical documentation provided for review indicates that the injured worker has undergone previous conservative therapy, including speech and occupational therapy, the results of which were not provided within the documentation available for review. The injured worker presented with a fluctuating level of confusion in relation to time, recent short-term memory deficits and apprehension. The injured worker's diagnoses included major depressive disorder, unspecified persistent mental disorder without psychosis and adjustment reaction. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for 12 sessions of speech therapy was submitted on 02/25/2014. The physician indicated that 12 sessions of speech therapy would provide the injured worker with the possibility to regain functional skills that were lost.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF SPEECH THERAPY: Upheld

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

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 (ST).

Decision rationale: According to the Official Disability Guidelines (ODG), speech therapy is recommended as indicated. Speech therapy is the treatment of communication impairment and swallowing disorders. Speech and language therapy are defined as therapy services, including diagnostic evaluations and therapeutic interventions, that are designed to improve, develop, correct, rehabilitate or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired or reduced as a result of acute or chronic medical conditions or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing and those that impair comprehension or spoken, written or other systems used for communication. The criteria for speech therapy would include the diagnosis of a speech, hearing or language disorder resulting from injury, trauma or a medically based illness or disease; a clinically documented functional speech disorder resulting in an inability to perform at the previous functional level; documentation supporting an expectation by the prescribing physician that measurable improvements would be anticipated in four to six months; and the level and complexity of the services requested could only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. In this case, the clinical information provided for review lacks documentation related to a diagnosis of speech, hearing or a language disorder. In addition, the clinical documentation lacks documentation by a physician of expecting medical improvements anticipated in four to six months. The clinical information provided for review, lacks documentation related to the need for a licensed speech and language pathologist or audiologist. The clinical information provided for review lacks documentation relating to the diagnosis, clinical documentation of a functional speech disorder and expected measurable improvements in four to six months. Therefore, the request for twelve (12) sessions of speech therapy is non-certified.