

Case Number:	CM14-0035292		
Date Assigned:	06/23/2014	Date of Injury:	04/30/2013
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 General Surgery, and is licensed to practice in 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 44-year-old female who reported the onset of hoarseness on 4/30/13 after eating beef stew at the school cafeteria. She worked as a teacher. The prior treatment included amoxicillin, loratadine, fluticasone, voice rest, soft diet and laryngeal hygiene regimen. The injured worker also treated with speech therapy with noted improvement; but this regressed due to discontinuation of the therapy. For frequent coughing, the patient was treated with inhalers, ibuprofen and Decadron without much relief. A chest x-ray on 4/30/13 was negative. On 8/14/13, a flexible nasolaryngoscopy was performed and was normal. In 11/13, she was found to have bilateral small vocal cord nodules and laryngopharyngeal reflux disease. The impression at that time was severe vocal strain with choking episode, with 80% injuries related to the work and 20% to pre-existing laryngopharyngeal reflux disease. A recent examination on 6/9/14 indicated the patient's voice was moderately coarse and breathy. Stroboscoped laryngoscopic examination demonstrated normal mucosal waveforms. The patient reported she would speak throughout the day. The injured states she was okay in the morning for the first hour and then would become so hoarse that she was hardly able to speak. The diagnoses were chronic laryngitis, laryngopharyngeal reflux disease, vocal cord nodular mass, vocal strain and laryngeal hyperfunction. The plan was to provide speech therapy, release to modified duty, starting the patient with antireflux protocol with dietary regimen and proton pump inhibitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech therapy: Overturned

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

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: This is a claimant with marked hoarseness and dysphonia following a work injury. There has been consultation with a Otolaryngologist who has recommended speech therapy in addition to laryngopharyngeal reflux therapy. Speech Therapy is an integral part of the rehabilitation following dysphonia from reflux. This is in keeping with ODG recommendations.