

Case Number:	CM14-0040812		
Date Assigned:	06/27/2014	Date of Injury:	09/20/2010
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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 claimant was injured on 09/20/10. A request for urgent articulation and voice therapy 10 sessions is under review. The claimant has complained of and been evaluated for problems with his voice and hoarseness. He reported problems if speaking 1 or 2 sentences loudly or speaking for a long time. He had some pain and swelling in the area of the uvula. He reported tightness in the area of the tonsillar pillars every morning. He had no cough, dysphagia, dyspnea, odynophagia, and PE revealed normal vocal cords, palate, uvula, and oropharynx. No abnormalities were noted. He was diagnosed with a voice disturbance and articulation and voice therapy were recommended for 10 visits. He reported extensive voice loss with use. Phonatory function studies dated 11/19/10 documented no visible vocal cord pathology. There were some organic findings located on the left true vocal cord that were no longer present at that time. Vocal cord function was normal. Acoustic exam documented no vocal pathology. There was no objective evidence of a new injury. Endoscopy documented the vocal cords were normal and he had 12 sessions of therapy that were undated. There is no documentation that he has been evaluated in 2014. He saw [REDACTED] on 11/04/13. He was scheduled for some tests on 10/18/13 that did not occur. He saw [REDACTED] but no testing occurred. He did attend some acupuncture in the past. A voice-load test and high-speed digital imaging had been recommended but were not completed on 10/18/13. He reported constant sore throat with a sensation of something in his throat and he was worse in the morning after waking up. When it was bad it really hurt. He had tried some medication and saline washes. He reported significant improvement of follicular labyrinthitis using medication. On 03/07/14, he was diagnosed with a voice disturbance and polyp of the local cord/larynx. A voice-load test was scheduled with [REDACTED] [REDACTED] i and he was to have a PQME with [REDACTED] [REDACTED] after the testing. He completed 3 of 6

sessions of physical therapy in July 2013. He reached MMI on 12/14/12. He was to rest his voice as necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Articulation & Voice Therapy times 10 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 (HEAD), CRITERIA FOR SPEECH THERAPY.

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.

Decision rationale: The history and documentation do not objectively support the request for urgent articulation and voice therapy for 10 visits. The MTUS do not address speech problems. The ODG state speech therapy may be recommended. Speech therapy (ST) is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, 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, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other systems used for communication. Criteria for Speech Therapy: - A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease. Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. - The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Treatment beyond 30 visits requires authorization (McCurtin, 2012) (Brady, 2012). In this case, the claimant's history of injury, evaluation, and treatment to date is unclear. There is no recent documentation of specific symptom exacerbation and he had reached MMI in 2012. No significant findings have been noted in the records for which this type of treatment may be indicated. The goals of treatment and how progress will be measured are not stated. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.