

<b>Case Number:</b>	CM14-0051607		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 50-year-old female with an 11/12/13 date of injury. At the time of request for authorization (4/1/14) for cognitive skills development of speech therapy, there is documentation of subjective progress in the face of atypical symptoms; headaches, memory loss, disorganized thought, slowed speech and thought, visual-motor deficits, loss of work skills and slowed actions, difficulty relearning work skills and activities of daily living and objective progress which includes being physically weak, lacking balance and coordination, slow speech with articulation difficulties. Current diagnoses are unspecified neurocognitive disorder, and the treatment to date are activity modification, medications, and speech therapy x 8 sessions. The 3/18/14 speech therapy progress report identifies that the patient is making progress with improvement in animation, facial expression, and eye contact. The 1/23/14 neurological consultation identifies that the patient does not currently have a neurological issue, that there are a number of inconsistencies, and that there is no need for further neurological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive skills development - 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.

**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.

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of 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; and the level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist, as criteria necessary to support the medical necessity of speech therapy. In addition, ODG supports up to 30 visits. MTUS-Definision identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of unspecified neurocognitive disorder (unknown neurotoxic effects, likely of sulfuranyl fluoride). In addition, there is documentation of 8 previous speech therapy sessions with reported progress with improvement in animation, facial expression, and eye contact. However, given documentation of a 1/23/14 neurological consultation identifying that the patient does not currently have a neurological issue, that there are a number of inconsistencies, and that there is no need for further neurological evaluation, there is no documentation of the medical necessity of additional speech therapy. Therefore, based on guidelines and a review of the evidence, the request for cognitive skills development - speech therapy is not medically necessary.