

Case Number:	CM14-0060881		
Date Assigned:	07/09/2014	Date of Injury:	03/12/2001
Decision Date:	09/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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 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:

The injured worker is a 67-year-old male who reported an injury on 03/12/2001 due to an unknown mechanism of injury. The injured worker has a history significant for Parkinson's disease and deep brain stimulation. The injured worker's recent treatment history included physical therapy. The injured worker's diagnoses included idiopathic Parkinson's disease. The only clinical documentation submitted for review was a prescription dated 03/04/2014, intended to order speech therapy, 1 hour a day for 4 days a week for 4 weeks. It was noted that the injured worker would benefit from this training, due to his Parkinson's disease. No other evaluation or Request for Authorization was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ (██████████ Voice Treatment) BIG Training- one hour daily for four days a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation <http://dx.doi.org> 12 pages, Parkinson's disease LSVT LOUD AND LSVT BIG: Behavioral Treatment Programs for Speech and Body Movement in Parkinson Disease.

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 requested [REDACTED] ([REDACTED] Voice Treatment) BIG training, 1 hour daily for 4 days a week for 4 weeks is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address speech therapy. Official Disability Guidelines recommend speech therapy services for injured workers who have a diagnosis of a language disorder or a medically based illness or disease that would interfere with the injured worker's ability to communicate. Official Disability Guidelines also recommend documentation to support the ability to measure improvement within 4 to 6 months of initiation of treatment. The clinical documentation submitted for review did not include a recent assessment of the injured worker's deficits to support the need for this type of therapy. There are no measureable deficits provided to assess improvement in function as a result of therapy. As such, the requested [REDACTED] ([REDACTED] Voice Treatment) BIG training, 1 hour daily for 4 days a week for 4 weeks is not medically necessary or appropriate.