

Case Number:	CM14-0189284		
Date Assigned:	11/20/2014	Date of Injury:	10/28/2010
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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:

According to the records made available for review, this is a 35-year-old male with a 10/28/10 date of injury. At the time (10/27/14) of request for authorization for Memory rehabilitation/speech therapy times 12 sessions, there is documentation of subjective (syncope with loss of consciousness) and objective (increased anxiety using the Hamilton scale) findings, current diagnoses (major depression, post traumatic stress disorder, cognitive disorder, and chronic pain disorder), and treatment to date (medications, psychological therapy, physical therapy, and 7 previous sessions of neurolinguistic cognitive assessment and therapy). Regarding Memory rehabilitation, there is no documentation that the patient is expected to show measurable functional improvement within a predetermined timeframe. Regarding speech therapy, there is no 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; an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; and that the level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Memory rehabilitation/speech therapy times 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Other Medical Treatment Guideline or Medical Evidence: (Anthem Guidelines, MED.00081)

Decision rationale: Specifically regarding Memory rehabilitation program MTUS and ODG does not address this issue. Medical Treatment Guideline identifies documentation that the service(s) is so inherently complex that it can be safely and effectively performed only by a qualified licensed professional; the individual is capable of actively participating in a cognitive rehabilitation program; the individual's mental and physical condition prior to the injury indicates there is significant potential for improvement; the individual is expected to show measurable functional improvement within a predetermined timeframe to support the medical necessity of a cognitive rehabilitation program. Specifically regarding speech therapy, 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; an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; that the level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist; and that treatment beyond 30 visits requires authorization, as criteria necessary to support the medical necessity of speech therapy. Within the medical information available for review, there is documentation of diagnoses of major depression, post traumatic stress disorder, cognitive disorder, and chronic pain disorder. In addition, there is documentation that the service is complex that it can be safely and effectively performed only by a qualified licensed professional; and the patient's mental and physical condition prior to the injury indicates there is significant potential for improvement. However, specifically regarding memory rehabilitation, there is no documentation that the patient is expected to show measurable functional improvement within a predetermined timeframe. In addition, specifically regarding speech therapy, there is no 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; an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; that the level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Therefore, based on guidelines and a review of the evidence, the request for Memory rehabilitation/speech therapy times 12 sessions is not medically necessary.