

Case Number:	CM14-0190917		
Date Assigned:	11/24/2014	Date of Injury:	02/03/2011
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Practice 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:

31 yr. old female claimant sustained a work injury on 2/3/11 involving the head and back. She sustained a traumatic brain injury. He had seizures as a result which were managed with [REDACTED]. She had difficulty with word finding since the injury. A CT scan of the brain on 9/17/13 indicated bilateral temporal encephelomalacia. The claimant had previously completed vestibular therapy for dizziness and vertigo, physical therapy, and at least 13 sessions of speech therapy. On 9/22/14 it was noted that the claimant had continued difficulty with word finding but exam findings mentioned no aphasia or word finding deficits. The treating physician requested 6 additional speech therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech therapy, twice weekly for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Head injury and Speech Therapy.

Decision rationale: According to the ODG guidelines, speech therapy is recommended for communication impairment. Documentation requires that the physician expects measurable

improvement within 4-6 months. In this case, there was no documentation on examination of further aphasia or difficulty in word fluency. There was no documentation on expectation of improvement. The claimant had previously received speech therapy. Documentation was not provided on the claimant's prior treatment progress. Although treatment beyond 30 visits requires additional authorization, in this case, the additional speech therapy visits are not clearly indicated and therefore not medically necessary.