

Case Number:	CM15-0130787		
Date Assigned:	07/17/2015	Date of Injury:	01/14/2008
Decision Date:	08/26/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 01/14/2008. The injured worker reported hands going slowly numb, painful with doing frequent procedures. The injured worker was diagnosed with carpal tunnel syndrome. On provider visit dated 01/05/2015 the injured worker has reported trouble with talking on the phone, clearing throat, hoarseness, running out of breath while speaking, and trouble swallowing pills since cervical spine surgery. On examination of the neck was noted to have a midline trachea and thyroid was not enlarged and there was not palpable nodules. The provider requested speech therapy to help with laryngospasms, swallowing and upper airway spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Treatment in Workers Compensation (TWC): Head Procedure Summary Online version last updated 01/21/2015, 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 Chapter under Speech Therapy.

Decision rationale: The 53 year old patient presents with cervical pain, cervical disc disorder, cervical radiculopathy, carpal tunnel syndrome, lateral epicondylitis, as per progress report dated 05/14/15. The request is for SPEECH THERAPY. The RFA for this case is dated 01/20/15, and the patient's date of injury is 01/08/08. The patient's pain is rated at 4/10, as per progress report dated 05/14/15. Current medications included Trazodone, Voltaren gel, Lidoderm patch, Acyclovir, Albuterol, Carafate, Estradiol, Famotidine, Levothyroid, Temazepam, Venlafaxine, Celebrex, Neurontin, Amoxicillin and Flonase nasal spray. The patient is working full time, as per the same progress report. MTUS does not mention speech therapy. ODG guidelines, under Head Chapter, recommends speech therapy. The Criteria for Speech Therapy are: 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. In this case, the request for speech therapy is noted in multiple progress reports. The Utilization Review has modified the request from speech therapy to speech therapy evaluation. As per report dated 05/14/15, the patient's speech therapy was authorized. However, the patient has been forwarded to a location that is very far. The treater, therefore, states that "We are requesting for the speech therapy to be done at location closer to her home/work site." As per progress report dated 04/27/15, the patient "gets winded when she talks." In progress report dated 01/15/15, the treater states that speech therapy is for "issues of dysphagia and hoarse voice associated from cervical spine surgery." Given the trauma and impaired speech, the request appears reasonable and is supported by ODG. However, this specific request is without duration and frequency. Speech therapy has already been authorized and the treater should be able to direct the treatment to near the patient's house. The current request for "speech therapy" is generic and cannot be considered. The request is not medically necessary.