

Case Number:	CM15-0144292		
Date Assigned:	08/05/2015	Date of Injury:	11/14/1997
Decision Date:	09/02/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/24/2015

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: Otolaryngology

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 78 year old male who sustained an industrial injury on 11-14-97. Diagnoses are post-laminectomy syndrome-cervical, degeneration of cervical disc, cervical radiculitis, degeneration of lumbar disc, cervicgia, and impingement syndrome. In a noted dated 4-21-15, the physician reports the injured worker previously had a swallowing attempt done with the speech pathologist and at the time, he had active aspiration. He was told not to have any oral intake and that he needed to have a G-tube or other surgical procedure for nutrition. A diagnosis of dysphasia is noted. In a modified barium swallow evaluation, dated 6-25-15, the speech pathologist notes the plate from his cervical repair is inhibiting pharyngeal movement for optimal pharyngeal swallows. Findings are noted as mild to moderate vallecular pooling secondary to mild laryngeal elevation and excursion deficits during swallow and recommend revisit swallowing therapy to see the speech pathologist for adjustments to compensatory swallowing strategies as needed. In a progress note dated 7-2-15, the treating physician reports the plan as speech pathologist for swallowing therapy. The requested treatment is 10 additional visits for speech therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Additional visits for speech therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Palmer JB et al. Evaluation and Treatment of swallowing impairments. Am Fam Physician, 2000 April 15; 61(8):2453-2462.

Decision rationale: As per literature cited above, the best therapy for a functional problem is to use the system that is malfunctioning. This patient was previously instructed to avoid oral intake because of aspiration risk and has been G-tube dependent. Most recently swallowing study does not show aspiration and, as such it may be safe now for oral intake to progress. As such, swallowing therapy to instruct in safe swallow is medically necessary at this time.