

Case Number:	CM15-0160755		
Date Assigned:	08/27/2015	Date of Injury:	03/08/2013
Decision Date:	09/29/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52 year old male who reported an industrial injury on 3-8-2013. His diagnoses, and or impression, were noted to include: status-post cervical fusion with neck pain and radicular pain; status-post left shoulder surgery with chronic tendonitis and shoulder pain; and bilateral trapezius muscle strain. No current imaging studies were noted. His treatments were noted to include: cervical fusion (2-2014); left shoulder surgery (2-2015); physical therapy; acupuncture therapy; medication management; consultation with speech pathologist, with a modified barium swallow study in 2014 and 1 swallow therapy (7-8-2014); and a return to work without restrictions. The progress notes of 8-11-2015 reported a post-operative visit from 2-3-2014, with reports of being please with the results of his surgery; the denial of significant arm pain, with no numbness, following surgery; with complaints of neck pain and trouble swallowing of harder meats and with taking pills, following "ACDF", as well as changes in his voice; and the recommendation for swallow therapy following the modified barium swallow study in 2014. Objective findings were noted to include no distress. The physician's requests for treatments were noted to include a repeat request for swallow therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech and swallow therapy Qty: 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) speech therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states speech therapy is indicated in the treatment of swallowing disorders/dysphagia. The patient has documented swallowing disorder and therefore the request is medically necessary.