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| <b>Case Number:</b>   | CM15-0200836 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 11/05/2013 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2015 |

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 61 year old, female who sustained a work related injury on 11-5-13. A review of the medical records shows she is being treated for stuttering. In the progress notes dated 7-27-15 and 9-14-15, the injured worker reports stuttering. On physical exam dated 7-27-15 and 9-14-15, she has speech apraxia. She has left arm in coordination. Treatments have included speech therapy. She is not working. The treatment plan includes requests for continued speech therapy. In the Utilization Review dated 9-22-15, the requested treatment of continued speech therapy 2 x 12 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued speech therapy 2x a week for 12 weeks:** 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) Head (updated 7/24/15) Criteria for speech therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Work conditioning, work hardening.

**Decision rationale:** The medical records indicate speech stuttering but does not detail specific functional outcome of therapy done to date or indicate specific treatment goals for continued therapy. MTUS supports PT for identified deficits with goals of therapy but the medical records do not identify goals of therapy and does not demonstrate why additional 24 visits would be needed. As such the medical records do not support the necessity of the speech therapy congruent with MTUS guidelines. The request is not medically necessary.