

<b>Case Number:</b>	CM15-0212418		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	07/01/2001
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Emergency Medicine

### 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 67 year old male, who sustained an industrial injury on 07-01-2001. The injured worker is currently "unemployable given his significant speech difficulties and aphasia limiting his ability to communicate". Medical records indicated that the injured worker is undergoing treatment for pain in bilateral knees, aphasia, essential hypertension, stroke, depressive disorder, and edema. Treatment and diagnostics to date has included brain MRI, physical therapy, speech therapy, and medications. Recent medications have included Pennsaid, Aspirin, Trazodone, Norvasc, Plavix, Lasix, Hydrochlorothiazide, Motrin, Lisinopril, Metoprolol, Nitrostat, Protonix, Pravastatin, Vitamin B-6, Viagra, Vesicare, Ultram, and Desyrel. Subjective data (08-12-2015 and 10-07-2015), included bilateral knee pain and continued "issues in terms of speech and communication following his stroke". Objective findings (10-07-2015) included the injured worker's "speech was very mildly improved in comparison to prior visits but remained aphasic". The Utilization Review with a decision date of 10-22-2015 non-certified the request for additional speech therapy x 10 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional speech therapy x 10 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Procedure.

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

**Decision rationale:** The requested Additional speech therapy x 10 sessions, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Head, Speech therapy (ST) note: "Recommended as indicated below. Speech therapy (ST) is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other systems used for communication. Criteria for Speech Therapy: 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. A licensed speech and language pathologist or audiologist can only render the level and complexity of the services requested safely and effectively. Treatment beyond 30 visits requires authorization". The injured worker has is currently "unemployable given his significant speech difficulties and aphasia limiting his ability to communicate". Medical records indicated that the injured worker is undergoing treatment for pain in bilateral knees, aphasia, essential hypertension, stroke, depressive disorder, and edema. The treating physician has documented that the injured worker's "speech was very mildly improved in comparison to prior visits but remained aphasic". The treating physician has no sufficiently documented objective evidence of functional improvement from completed therapy sessions. The criteria noted above not having been met, Additional speech therapy x 10 sessions is not medically necessary.