

Case Number:	CM15-0043119		
Date Assigned:	03/13/2015	Date of Injury:	02/19/2013
Decision Date:	05/08/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41-year-old female who reported an injury on 02/19/2013. The mechanism of injury was not specifically stated; however, it is noted that the injured worker is diagnosed with traumatic brain injury and post-concussive disorder. An additional diagnosis is dementia associated with traumatic brain injury and cognitive disorder. On 02/02/2015, the injured worker presented for a follow-up evaluation. A comprehensive physical examination was not provided. The physician recommended continuation of cognitive behavioral therapy over a period of 6 months as well as authorization for speech therapy. A request for authorization form was then submitted on 02/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech therapy x 12 sessions (post concussion disorder): 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 chapter.

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, Speech therapy (ST).

Decision rationale: According to the Official Disability Guidelines, speech therapy is recommended when there is a diagnosis of a speech, hearing or language disorder resulting from an injury, trauma, or a medically based illness or disease. Documentation supporting an expectation by the prescribing physician that measurable improvement is anticipated in 4 to 6 months should be provided. Treatment beyond 30 visits would require authorization. In this case, it is noted that the injured worker is diagnosed with dementia with traumatic brain injury, cognitive disorder and post-concussive disorder. However, there was no clearly documented speech disorder in the report submitted for this review. 12 sessions of speech therapy would not be supported in the absence of further documentation. Given the above, the request is not medically necessary.