

Case Number:	CM14-0095509		
Date Assigned:	08/08/2014	Date of Injury:	09/17/2012
Decision Date:	09/17/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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. The expert reviewer is Board Certified in Occupation Medicine and is licensed to practice in New York & North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 60 year old man with intracranial injury after a fall at work non 9/17/2012, when he slipped on a marble floor, and hit his head against the wall. He is requesting appeal of the 6/11/2014 denial of 36 sessions of speech therapy. He consulted with the speech therapist via Skype for his appointments with her, secondary to distance. The therapist advises a frequency of three times per week for 3 months. She states that he has made good gains with fluency, intonation and volume. She asks for longer sessions than usual to maintain higher level of functioning and complex therapy tasks in her 5/6/14 note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Speech therapy for 36 sessions(date of service 05/28/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/200_299/0243.htmlhttps://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/SpeechTherapy_CD.pdf.

Decision rationale: Speech therapy previously approved 10/9/2013, unknown quantity. In Aetna's guidelines for speech therapy, it can be approved for a discreet injury. The approval is for 60 days. Specifically, therapy for the point of maintenance is not approved. Per Aetna's guideline, "Treatments that maintain function by using routine, repetitious, and reinforced procedures that are neither diagnostic nor therapeutic (e.g., practicing word drills for developmental articulation errors) or procedures that may be carried out effectively by the member, family, or caregivers at home on their own." Specific long and short-term goals must be quantified. "Speech therapy services are considered medically necessary only if there is a reasonable expectation that speech therapy will achieve measurable improvement in the member's condition in a reasonable and predictable period of time. The member should be re-evaluated regularly, and there should be documentation of progress made toward the goals of speech therapy. The treatment goals and subsequent documentation of treatment results should specifically demonstrate that speech therapy services are contributing to such improvement." United Healthcare has similar criteria for speech therapy. Locations for therapy include physician's office, therapist office, patient home or separate part of clinic or hospital where therapy occurs. There is no mention of distance therapy, as with Skype. Services must be ordered by a treating physician. There has to be a need for supervision from a licensed speech therapist. The services must be part of a treatment plan with documented goals for functional improvement. The teaching of patient and or caregiver must be required to improve speech language skills to progress toward the documented treatment plan goals. Once patient and/or caregiver are trained the services are no longer skilled, therefore custodial, and not a covered health service. This patient has had therapy for several months (March to June) with improvement noted by the therapist. There is no clear end-goal for therapy, and it is not clear what she is doing that cannot be accomplished independently or with the assistance of a family member. He has had more than 60 days' worth of therapy, and there is no clearly outlined plan for transition to a home program. Therefore the request is not medically necessary.