

Case Number:	CM15-0010601		
Date Assigned:	01/28/2015	Date of Injury:	04/19/2013
Decision Date:	03/23/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/20/2015

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: Physical Medicine & Rehabilitation

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 38 year old female, who sustained an industrial injury on April 19, 2013. She has reported being thrown with several rocks and struck by an emotionally disturbed child several times. The diagnoses have included concussion without coma, headache, knee contusion, vertigo, sensory problems with limbs, contusion of unspecified part of the upper limb, insomnia due to medical condition. Treatment to date has included left wrist brace, physical therapy, occupational therapy and medication. Currently, the injured worker complains of aphasia which is slightly improved. She reports a difficulty with gait and using her hand. She has difficulty enunciating words and findings words. She still has tight gastroc and quads. She reports headaches, vertigo, stuttering, memory issues, and issues with reading, concentration, insomnia, fatigue and anxiety. She rates her pain a 4 on a 10-point scale. The pain is constant and made worse with tilting of her head. On January 16, 2015, Utilization Review non-certified a request for additional speech therapy, twice weekly #6 and occupational therapy, twice weekly, body parts unspecified # 6 noting that there was no documentation concerning which body parts to be treated, an undocumented number of prior occupational therapy visits without sustained gains and no documented functional improvement after the most recent occupational therapy. The California Medical Treatment Utilization Schedule was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of additional speech therapy, twice weekly #6 and occupational therapy, twice weekly, body parts unspecified #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy, twice weekly, body parts unspecified #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in her left knee and upper/lower limbs. The patient also reports experiencing headaches and vertigo. The request is for 6 sessions of occupational therapy, body part, unspecified. The patient will return to full duty on 02/03/2015. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the 09/30/14 physical therapy report states that the patient has had 22 sessions of therapy in the past. The time-frame of these treatments are not known. There are some physical therapy reports included in the file showing functional benefit. However, the treater does not explain why additional therapy is needed, what will be accomplished and why the patient has not transitioned into a home exercise program. Furthermore, the requested 6 sessions combined with 22 already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.

Additional Speech therapy, twice weekly #6: 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 Chapter, Speech therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head chapter, Speech therapy (ST)

Decision rationale: The patient presents with pain and weakness in her left knee and upper/lower limbs. The patient also reports experiencing headaches and vertigo. The request is for ADDITIONAL 6 SESSIONS OF SPEECH THERAPY. MTUS does not mention speech therapy. ODG guidelines, under Head Chapter, recommends speech therapy. The Criteria for Speech Therapy are:- 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.- The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist.- Treatment beyond 30 visits requires authorization. In this case, there is no discussion regarding speech therapy, whether or not they have been helpful or how many sessions were provided thus far. The 01/06/15 progress report states that "the patient still has trouble in IEP meetings with memory and recall, especially while having conversations. Her speech is often stuttered and she has issues

with word finding." However, the injury dates back almost 2 years and the treater does not explain what more can be gained via speech therapy. ODG allows up to 30 sessions and without knowing how many sessions were already provided, additional treatments cannot be considered. The request IS NOT medically necessary.