

<b>Case Number:</b>	CM15-0121390		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 52 year old male, who sustained an industrial injury on 03/08/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having rotator cuff disorder not elsewhere classified, dysphagia, cervical spinal stenosis, disorders of the bursae and tendons in the shoulder region unspecified, spinal stenosis of cervical region, pain in joint involving the shoulder region, and cervicgia. Treatment and diagnostic studies to date has included physical therapy, speech therapy consultation, modified barium swallow, status post cervical fusion, acupuncture, and computed tomography scan of the cervical spine. In a progress note dated 06/05/2015 the treating physician reports dysphagia post surgery that was improving but was now noted to be worsening. The injured worker notes that he has to eat soft meat secondary to difficulty swallowing along with the injured worker noting that he has difficulty swallowing pills and liquids. Examination reveals positive left shoulder impingement maneuvers and mild midline tenderness to the cervical spine. The treating physician requested eight sessions of speech/swallow therapy with the treating physician noting that the injured worker is having a more difficult time swallowing along with a speech consultation that obtained a modified barium swallow followed by recommending speech and swallow therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Speech/swallow therapy (8 visits): 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), Neck and Upper Back; ODG Physical Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Guidelines state therapy and treatment visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of the medical condition. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. The patient is s/p cervical discectomy and fusion at C5-7 on 2/3/14 with complaints of dysphagia. Most recent, the patient also underwent another surgical procedure of shoulder arthroscopy on 2/18/15. Medical reports noted previous barium swallow study and speech consultation months prior; however, no reports are provided for review. There is now request for continued speech therapy without presenting findings. Submitted reports have not adequately demonstrated any acute symptoms, red flag conditions, progressive deteriorating clinical findings, or previous study and consult results to allow for continued therapy intervention and care with multiple visits without specific presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration for this chronic injury. The speech/swallow therapy (8 visits) is not medically necessary and appropriate.