

Case Number:	CM14-0083546		
Date Assigned:	07/21/2014	Date of Injury:	01/18/2011
Decision Date:	09/05/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old male was injured on January 18, 2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated April 4, 2014, indicates complaints of headaches. Current medications include sertraline, Wellbutrin, lisinopril, hydrochlorothiazide, Atenolol, pravastatin, vitamin D, and Adderall. The physical examination demonstrated mild psychomotor slowing and appropriate speech, although somewhat hypophonic. Poor attention and memory was noted. Diagnostic imaging studies were not reviewed during this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Speech therapy Qty: 12.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Review; Speech Therapy: Criteria for Speech Therapy <http://www.odg-twc.com/index.html?odgtwc/head.htm>

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, Updated August 11, 2014.

Decision rationale: According to the Official Disability Guidelines, speech therapy is recommended for a disorder resulting from injury or trauma, there should be documented evidence of a functional speech disorder and documentation from a prescribing physician that measurable improvement is anticipated in 4 - 6 months. Notes from the treating psychiatrist notes that the injured employee has had speech difficulty due to head trauma and has made some progress thus far with speech therapy. This request for an additional 12 visits of speech therapy is medically necessary.