

Notice of Independent Review Decision

DATE OF REVIEW: 10/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Item in dispute: SPEECH THERAPY
DATES OF SERVICE 08/23/11 TO 08/24/11

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The TMF physician reviewer is board certified in otolaryngology with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the speech therapy is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/18/11
- Decision letter from– 08/29/11, 09/06/11, 09/12/11
- Office visit notes from Dr. – 01/23/06 to 08/30/11
- Prescription with request for speech therapy by Dr. – 08/30/11
- Report of Esophagram/Barium Swallow – 02/02/06
- Radiology report for ultrasound guided biopsy of the left thyroid – 08/23/11

- Pathology report for thyroid biopsy.- 08/25/11
- Prescription with request for ultrasound guided biopsy of the left thyroid – 08/29/11
- Report of CT scan of the neck 08/10/11
- Letter from Utilization Management to – 10/19/11
- Peer Review Report from Solutions – 08/24/11
- Review by Institute of America, Inc. – 08/17/11, 09/08/11
- Notice of Independent Review Decision from inc. – 03/28/11
- Workers' Compensation Utilization Review Request from– no date
- Written order for modified barium swallow with speech therapy by Dr. – 08/23/11
- Operative report for Fiberoptic Laryngoscopy and Nasopharyngoscopy by Dr.– 03/31/10
- Referral request to Dr. from Dr. – 12/06/06
- Pulmonary Function Report – 01/12/06
- Endoscopy Report – 12/19/05
- Evaluation by Dr. – 09/27/06
- Report of Pulmonary Function Test – 06/28/06
- Report of PA and Lateral chest x-ray – 06/28/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she was exposed to trichloroethylene. The patient has been diagnosed with asthma and chronic bronchitis. A CT scan of the neck revealed a lesion in the left thyroid and a needle biopsy revealed abundant small clusters of benign appearing follicular cells. An esophagram done on 02/02/06 was unremarkable. She continues to complain of dysphasia and there is a request for speech therapy that has been denied by the insurance carrier.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient's injury is chronic and she was noted to have laryngitis in 2006. The current findings show the patient to have erythema and edema of the true vocal cords. An esophagram done in February of 2006 was normal without signs of reflux. She has been under the treatment of a pulmonologist for her bronchitis. She has no adverse habits listed in her medical record documentation that would put her larynx at risk for further injury. Therefore, it is determined that speech therapy is indicated to minimize normal vocal function in the face of her pulmonary status.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Benninger; "The Speech Pathologist's Role in the Management of Voice Disorders"; 1994; Vocal Arts Medicine; chap.14, pg. 291

Bailey B. "Laryngitis"; 1993; Head and Neck Surgery/Otolaryngology, chap. 48 pg. 612,