

May 20, 2011

Account:
Contact:
Patient Name:
Subscriber #:
CMS #

Final Report

History: The 3 year 3 month old boy was evaluated on 3/30/11 at Gundersen Lutheran for a speech disorder. The family first became concerned about his speech disorder at about 12 months of age. He received speech therapy services through the Birth to Three Program. When he turned three years of age he was enrolled in the Early Childhood Program in the public school system and receives speech therapy twice weekly. The evaluating speech therapist diagnosed speech and expressive language delay, rule out speech disorder, and rule out speech dyspraxia. She reports that the child has unusual facial features and suspects facial hypotonia. Her impression was "speech dyspraxia, provisional." The speech therapist recommended outpatient therapy once weekly in addition to the two sessions he receives at school.

The file was sent for review by the CMS speech therapist consultant. He reported that apraxia/dyspraxia is not caused by an "organic" disorder and the therapy was not restorative in nature but developmental; these services would not be a covered benefit. The Fund and the provider were notified of this recommendation on 5/9/11.

Case Management Intervention:

- On 4/13/11, the Fund sent the file for re-review; additional information was submitted for consideration for ST services. The note was from a pediatric genetic specialist, Dr. Jones, at Gundersen Lutheran. He evaluated the patient on 5/11/11 and diagnosed "Noonan Syndrome" by clinical examination; genetic testing was not performed to confirm this diagnosis. He was also diagnosed with generalized hypotonia, developmental delays being evaluated through the Learning and Developmental Diagnostic Center, and pronation (his feet tend to turn outward at the foot/ankle.)

Noonan syndrome is a genetic disorder that causes abnormal development of multiple parts of the body. It used to be called Turner-like syndrome because certain symptoms (webbing of neck and abnormally shaped chest) resembled those seen in Turner Syndrome.

Defects in four genes (KRAS, PTPN11, RAF1, SOS1) can cause Noonan syndrome. About half of those affected by Noonan syndrome have a PTPN11 mutation. Persons with a defect in the KRAS gene have a more severe form of Noonan syndrome. Those with defects in the RAF1 gene tend to have a particular heart problem (hypertrophic cardiomyopathy). Problems with these genes cause certain proteins involved in growth and development to become overactive.

Noonan syndrome is inherited, which means it is passed down through families. It is an autosomal dominant condition. This means that only one parent has to provide the faulty gene for the baby to have the syndrome. However, the fact that some children do not have a parent with Noonan syndrome likely means that some cases are not inherited.

Symptoms include: delayed puberty, down-slanting or wide-set eyes, Hearing loss (varies), Low-set or abnormally shaped ears, Mild mental retardation (only in about 25% of cases), Sagging eyelids (ptosis), Short stature, Small penis, undescended testicles, unusual chest shape (usually a sunken chest called pectus excavatum) and webbed and short-appearing neck. *(Taken from PubMed Health on the Internet.)*

- This writer discussed this file with the Fund. Since the patient's needs remain developmental and are not restorative in nature, services are not a covered benefit.
- This writer left a voicemail message for Shelly RN at Dr. Kraus's office (pediatrician) with this recommendation.

Case Management Recommendations

- Based upon the information provided, this child's need for speech therapy appears to be developmental in nature and not restorative. Plan language should be applied. The provider **has been** informed of this recommendation; the family **has not been** notified.
- Please fax correspondence to Dr. Kraus's office, fax# 111-111-1111.
- This writer will close this file as services are no longer indicated.

Thank you for this referral. Please contact the undersigned with any questions.

Case Manager RN-BC, CCM

(Cost savings on next page.)

Date: 05/09/2011

Cost Savings Report

Account:
Reference #:
Patient:
Subscriber #:
ID#/Group:
Event: Speech disturbances (CMT)
Date Range: 05/09/11 - 05/09/11

Category	Amount	Type	Details
Direct	\$ 15,444.00	Item/Services not recommended	weekly ST services for 6 months, estimated cost is \$594/hour
Total Direct Amount:			\$ 15,444.00
Direct Expenses(-):			\$ 0.00
Admin Auth(-):			\$ 0.00
Total direct savings for this period:			\$ 15,444.00
Total direct savings for this event to date:			\$ 15,444.00
Indirect Savings:			\$ 0.00
Total indirect savings for this event to date:			\$ 0.00