

Case Number:	CM13-0001312		
Date Assigned:	11/01/2013	Date of Injury:	03/15/2013
Decision Date:	01/17/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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 patient is a 42-year-old female, who reported injury on 03/15/2013, with a mechanism of injury that was not provided. The patient was noted to have an MRI of the right jaw which was interpreted by [REDACTED] and showed normal excursion of the mandibular condyles and articular discs of the temporomandibular joints on both sides. There was noted to be, however, a medial subluxation of the articular disc of the right temporomandibular joint and there was noted to be sclerosis and irregular contour of the articular eminence suggesting a degenerative change. The diagnoses were noted to include ongoing anxiety issues with mild depressed facies and ongoing counseling. The secondary condition was noted to be facial contusion and laceration possible mild nerve injury and thirdly, temporomandibular joint issues persisting. The request was made for a computerized tomography (CT) scan of the facial bones, an x-ray of the cervical spine, an x-ray of the temporomandibular joint, and physical therapy at Barrows three (3) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized tomography (CT) scan of the facial bones: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Marx: Rosen's Emergency Medicine, 7th Ed., Chapter 39 Facial Trauma, last updated on 01/01/2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acr.org/~media/3e9cfc1876e84169a1adfbac2f2f06a3.pdf>.

Decision rationale: The American College of Radiology indicates that CTs of the facial bones include CT of the paranasal sinuses and orbits, and indications for the study are noted to be facial trauma. The medical records provided for review indicate that the patient had swelling and tenderness over the cheek area. The patient was noted to have persistent positive Tinel type sign over the malar area. The pain was noted to be radiating along the nerve. The clinical documentation submitted for review failed to provide prior lower level studies to support the necessity for a CT scans that were performed. The request for computerized tomography (CT) scan of the facial bones is not medically necessary and appropriate.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary last updated 5/14/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM Guidelines indicate that x-rays of the cervical spine are helpful to identify an anatomic defect. The medical records provided for review failed to provide the x-rays would be to identify an anatomic defect and additionally it failed to provide the rationale for the requested service. The request for x-ray of the cervical spine is not medically necessary and appropriate.

X-ray of the temporomandibular joint (TMJ): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Efficacy of pain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP, Pradhan H, Gupta H. Mohammad S, Singh RK, Mehrotra D, Pant MC Pradhan R. Natl J Maxillofac Surg. 2012 Jan;3(1):2-9, last updated 1/1/2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/oral-health/temporomandibular-disorders>.

Decision rationale: Web MD indicate that x-rays of the temporomandibular joint are to assist physicians when there is pain or tenderness in the face, or jaw joint area and in or around the ear when the patient chews, speak or opens their mouth wide. The medical records provided for review indicate that the patient had an x-ray of the temporomandibular joint and failed to provide the necessity for a second x-ray. The request for x-ray of the temporomandibular joint (TMJ) is not medically necessary and appropriate.

Physical therapy at Barrows three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia. The medical records provided for review failed to provide documentation of the patient's prior physical therapy to include functional benefit of the therapy and it failed to indicate the body part therapy was being requested for. Additionally, it failed to provide the patient had functional deficits that would respond to physical therapy. The request for physical therapy at Barrows three (3) times a week for four (4) weeks is not medically necessary and appropriate.