

<b>Case Number:</b>	CM13-0024071		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 and is licensed to practice in Texas and Oklahoma. 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.

### 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 an injury on 03/15/2013. The patient is currently diagnosed with cheek laceration, face and scalp contusion, temporomandibular strain, and PTSD with depression and anxiety. An MRI of the temporomandibular joints was obtained on 10/05/2013 by [REDACTED], and indicated normal findings with the exception of medial subluxation of the articular disc of the right temporomandibular joint and degenerative changes. The patient was most recently evaluated on 09/26/2013. Objective findings revealed ongoing tenderness over the malar area of the cheek, a well-healed scar, mildly positive Tinel's testing, 80% normal cervical range of motion, difficulty with facial expression. Treatment recommendations included continuation of regular work activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary.

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

**Decision rationale:** California MTUS Guidelines state 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. Guidelines allow for fading

of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. As per the clinical notes submitted, the patient has previously completed 6 physical therapy sessions on 07/24/2013 for a diagnosis of right TMJ and increased dorsal hypnosis. There is limited documentation of extenuating circumstances that would support additional physical therapy sessions. Previous documentation of significant functional improvement following the initial course of therapy was not provided. The patient's latest physical examination only revealed tenderness to palpation. The patient has been able to return to work without restrictions. The medical necessity for ongoing physical therapy has not been established. Therefore, the request cannot be determined as medically appropriate at this time. Therefore, the request is non-certified.