

Case Number:	CM13-0027038		
Date Assigned:	11/22/2013	Date of Injury:	06/15/2003
Decision Date:	02/27/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation has a subspecialty in Pain Management 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:

This patient reported a date of injury of June 15, 2013. A utilization review determination dated September 17, 2013 recommends non-certification of Physical Therapy 1xwk x 1wks. The previous reviewing physician recommended non-certification of Physical Therapy 1xwk x 1wks due to lack of documentation of a recent objective physical examination to indicate the need for the requested service. An August 29, 2013 letter identifies the patient has "extreme pain on her TMJ and needs authorization to see a TMJ specialist, physical therapist, and acupuncture specialist as soon a possible."

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 1 x week x 1 week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Treatment, Physical Therapy Guidelines

Decision rationale: Regarding the request for Physical Therapy 1 x Week x 1 Week, Occupational Medicine Practice Guidelines do not address the issue. ODG recommends PT, and

allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. In addition, ODG states physical medicine treatment (including PT, OT and chiropractic care) should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations; the functional limitations are likely to respond to skilled physical medicine; care is active and includes a home exercise program; & the patient is compliant with care and makes significant functional gains with treatment. ODG goes on to recommend 6 visits over 4 weeks for temporomandibular joint disorders. Within the medical information made available for review, there is documentation of extreme TMJ pain. However, there is no documentation of functional limitations and these functional limitations are likely to respond to skilled physical medicine. In the absence of such documentation, the currently requested Physical Therapy 1 x Week x 1 Week is not medically necessary.