

Case Number:	CM13-0067623		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2010
Decision Date:	05/12/2014	UR Denial Date:	12/18/2010
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Physical 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 expert 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:

54 yr. old female claimant sustained a work injury on 5/28/10 involving her head and chin. Her diagnoses included TMJ which had been managed with oral analgesics. Her oral surgeon performed arthrocentesis on bilateral jaws. An office visit on 11/19/13 indicated she had no increase or change in jaw pain. She was not interested in additional jaw surgery. She had occasional soreness and thought she would benefit from additional therapy. A request for therapy two times a week for 12 weeks was ordered on 11/19/13. Over the course of the year she had already completed several months of physical therapy including instructions for home therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Additional Two times a week for twelve weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine Head Chapter.

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

Decision rationale: Therapy for Temporomandibular joint disorders is not specifically indicated, however, fading treatment is recommended and most therapy is acceptable for up to 8 weeks.

The claimant does not have Complex regional pain syndrome. The treating physician has noted the symptoms are stable and improved. Additional therapy is not medically necessary.