

Case Number:	CM14-0041313		
Date Assigned:	06/27/2014	Date of Injury:	05/12/2013
Decision Date:	07/31/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 62 year old male with an injury date of 05/12/13. Based on the 03/12/14 progress report provided, the patient complains of headaches and shoulder pain. He also has nasal congestion and fatigue. The patient has severe tendinitis on right ear, decreased hearing in right, jaw pain, left facial pain, shortness of breath, nervousness, and cervical spine pain. His diagnoses include the following: Posttraumatic left TMJ disk, Posttraumatic left orbit, maxillar fracture, Rule out obstructive sleep apnea, Nasal septum fracture, and Rule out carpal tunnel syndrome vs. C6. The request is for 18 physical therapy sessions. The utilization review determination being challenged is dated 03/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Physical Therapy Guidelines.

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

Decision rationale: MTUS Guidelines for therapy treatments recommend 9-10 sessions for a myalgia/myositis related condition. It has been 7-8 months since the last round of therapy treatments and the patient appears to be struggling with on-going pain. However, there is no documentation of new injury, significant decline in function or changes in clinical presentation that would warrant a course of therapy. Furthermore, the requested 18 sessions exceeds what is typically allowed by MTUS guidelines. As such, the request is not medically necessary.