

Case Number:	CM14-0096460		
Date Assigned:	09/15/2014	Date of Injury:	01/24/2013
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 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:

This is a patient with a date of injury of January 24, 2013. A utilization review determination dated August 13, 2014 recommends modified certification of physical therapy. Eight sessions were requested and 3 were recommended for certification. A progress report dated July 29, 2014 includes subjective complaints of jaw pain. The assessment identifies microtrauma, right anterior disc displacement with reduction, right dislocation of the jaw, right injury to the face and neck, and late effects of other accidents. The treatment plan recommends medication including cyclobenzaprine, orthotics, and request authorization for a 2 month follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4, for the right jaw QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for physical therapy, CA MTUS and ACOEM do not contain guidelines regarding physical therapy for TMJ. ODG recommends a trial of physical

therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG goes on to recommend 6 visits of physical therapy for the treatment of temporomandibular joint disorders. Within the documentation available for review, it is unclear what objective deficits the requested physical therapy is intended to treat. Additionally, the currently requested 8 visit exceeds the maximum number recommended by guidelines for this patient's diagnosis. Unfortunately, there is no provision to modify the current request. As such, the currently requested physical therapy is not medically necessary.