MAXIMUS Federal Services

Case Number:	CM14-0099537		
Date Assigned:	07/28/2014	Date of Injury:	03/14/2000
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male who reported an injury on 03/14/2000 from an unknown mechanism of injury. The injured worker has a diagnosis of temporomandibular joint and headaches. Past treatments included physical therapy. Diagnostic studies and surgical history were not provided. On 06/06/2014, the injured worker complained of dry mouth, headaches, temporomandibular joint pain, decreased range of motion, stating he cannot open as wide as he could following his physical therapy treatment, low denture was too big and not stable. The injured worker stated when he brings his jaw forward, his temporomandibular joint pain is relieved and his headaches are relieved. The injured worker stated another provider would be making him an orthotic splint. The injured worker stated he had not seen an ear, nose and throat (ENT) or an ophthalmologist yet secondary to denial of authorization. The injured worker also stated he had not returned to physical therapy secondary to insurance denial. Upon exam of the right posterior maxillary surgical site, the incision was not totally closed, the bone was exposed. There was no pain or edema. The left mandible was without infection or pain, and healing within normal limits. The right mandibular mini-implant was absent. The maxillary mini-implant and mandibular left implant were stable. The injured worker was able to opened his mouth to 22 mm with pain to the right and left temporomandibular joint. The injured worker was advised that they could not proceed with additional surgical procedures until heh was cleared by ENT and Ophthalmology. No medications were provided. The treatment plan is for physical therapy 3 times per week times 6 weeks for the temporomandibular joint. The rationale for physical therapy was the injured worker's range of motion has decreased from 32 mm to 21 mm since he has stopped physical therapy. It is the provider's judgment that the injured worker required additional physical therapy to regain his range of motion and hopefully increase it and then

maintain the results. The request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times per week x 6 weeks for the Temporomandibular Joint: 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 GuidelinesOfficial Disability Guidelines Preface, Physical Therapy Guidelines.

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

Decision rationale: The request for physical therapy 3 times per week x 6 weeks for the temporomandibular joint is non-certified. The injured worker has a history of temporomandibular joint pain. The Official Disability Guidelines (ODG) state for temporomandibular joint disorders, 6 visits of physical therapy over 4 weeks is allowed. The injured worker has received at least 15 visits of physical therapy for his temporomandibular joint. The request exceeds the recommendation's allowance. As such, the request is non-certified.