

Case Number:	CM14-0195562		
Date Assigned:	12/03/2014	Date of Injury:	06/11/2008
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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:

The injured worker is a represented employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 11, 2008. In a Utilization Review Report dated November 10, 2014, the claims administrator denied the request for physical therapy for temporomandibular joint disorder. The claims administrator alluded to an April 2012 dental office visit in its report but stated that the RFA at issue have been received on November 6, 2014. The injured worker's attorney subsequently appealed. In September 20, 2014 physical therapy progress note, the injured worker reported ongoing complaints of neck and shoulder pain, highly variable, 4-8/10. There was no mention made of any jaw issues or jaw complaints on this date. Lumbar MRI imaging of May 23, 2014 was notable for low-grade disk bulges, annular tears, and degenerative disk disease most prominent at L5-S1. In a July 28, 2014 office visit, the injured worker reported ongoing complaints of shoulder, wrist, elbow, and neck pain with derivative complaints of headaches. The injured worker was using a cane to move about. The injured worker exhibited parathoracic and paracervical tenderness to touch. The injured worker was given diagnoses of type 2 diabetes, chronic neck pain, chronic shoulder pain, chronic myofascial pain, temporomandibular joint disorder, and inguinal pain, headaches secondary to temporomandibular joint disorder, chronic wrist sprain, chronic elbow epicondylitis, chronic low back pain, hypertension, and dyslipidemia. Vicodin was refilled. The attending provider stated that they were seeking authorization for and reiterating a request for previously endorsed physical therapy for temporomandibular joint disorder (TMJ). Work restrictions were endorsed. The injured worker did not appear to be working with suggested limitations in place. The physical therapy progress note of September 23, 2014 suggested that the injured worker has had six sessions of physical therapy in 2014 through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for TMJ: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: On page 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorses a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, including the jaw. On page 8 of the MTUS Chronic Pain Medical Treatment Guidelines it is stated that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In addition, on page 48 of the ACOEM Practice Guidelines it is stated, that it is incumbent upon a prescribing provider to furnish a prescription for therapy which "clearly states treatment goals." In this case, clear treatment goals were not identified or outlined. It was not stated how much prior therapy the injured worker has had and/or for what body parts. Based on the medical records, the injured worker's work restrictions and continued use of opioid agents such as Vicodin, suggested that previous physical therapy treatment had failed to demonstrate any lasting benefit or functional improvement as defined in MTUS 9792.20f. Therefore, the request for physical therapy for TMJ is not medically necessary.