

Case Number:	CM15-0044292		
Date Assigned:	03/12/2015	Date of Injury:	03/04/1997
Decision Date:	04/17/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 70 year old female who sustained an industrial injury on March 4, 1997. She has reported back pain and jaw pain and has been diagnosed with status post lumbosacral surgery x 3 and displacement of cervical intervertebral disc without myelopathy. Treatment has included medications, physical therapy, home exercise program, and a TENS unit. Currently the injured worker had clicking on the left side of the jaw joint but no clicking on the right side. She had reduced vertical opening. The treatment request included physical therapy x 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Physical therapy (Temperomandibular).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 16 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The guidelines recommend six visits over four weeks for temporomandibular joint disorders. In this case, the treating provider was an oral and maxillofacial surgeon. There are no diagnoses listed in a sole progress note dated January 16, 2015. The medical record contains 25 pages. The maxillofacial surgeon discussed ordering a magnetic resonance imaging scan, Botox, a mouth guard and injections. There was no documentation in the medical record about ordering physical therapy. The treating orthopedist's working diagnoses are status post lumbosacral surgery times 3; status post ACDF C4 - C7; depression deferred and hypertension deferred. The guidelines recommend six visits over four weeks for temporomandibular joint disorders. The treating provider order physical therapy times 16 sessions. This is in excess of the recommended guidelines for physical therapy temporomandibular disorders. Consequently, absent clinical documentation with a clinical indication and rationale for physical therapy in excess of the recommended guidelines, physical therapy times 16 sessions is not medically necessary.