MAXIMUS Federal Services

Case Number:	CM15-0047921		
Date Assigned:	03/20/2015	Date of Injury:	10/18/1985
Decision Date:	05/12/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who sustained an industrial injury on 10/18/85. The injured worker reported symptoms in the jaw and neck. The injured worker was diagnosed as having trauma to teeth, mandible, maxilla, capsulitis, dislocation/internal derangement, osteoarthritis/arthrosis of temporomandibular joint. Treatments to date have included status post left total knee arthroplasty, oral pain medications, and physical therapy. Currently, the injured worker complains of jaw and neck. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy twice weekly x 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 66 year old patient complains of pain in the left side of the neck, right shoulder, and the temperomandibular joint along with GERD, sleep bruxism, and difficulty chewing food, as per dentistry report dated 01/13/15. The request is for CONTINUED PHYSICAL THERAPY TWICE WEEKLY X 2 MONTHS. The RFA for the case is dated 02/23/15, and the patient's date of injury is 10/18/85. Complaints, as per neurology progress report dated 12/18/14, included cervical pain and discomfort with some radicular patterns along with low back pain. Medications included Diovan, Voltaren gel, Hydrochlorothiazide, and Zantac. The patient is status post total left knee arthroplasty, date of surgery is not mentioned, as per orthopedic progress report dated 08/19/14. The progress reports do not document the patient's work status. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has received physical therapy in the past. In Neurology report dated 09/08/14, the treating physician recommends the patient to "continue with physical therapy twice a week." In progress report dated 12/18/14, the same physician states that "She still continues to receive physical therapy twice a week." The physician, however, does not discuss the efficacy of prior therapy in terms of reduction in pain and improvement in function. Additionally, there is no documentation regarding the number of sessions completed in the past. MTUS only allows for 8-10 sessions in non-operative cases. Hence, the request IS NOT medically necessary.