

Case Number:	CM14-0142185		
Date Assigned:	09/10/2014	Date of Injury:	03/05/2014
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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 3/5/14. A utilization review determination dated 8/11/14 recommends non-certification of hand therapy. A pain management consult was certified and TMJ PT was modified from 12 sessions to 9 sessions. 12 prior PT sessions to the left hand were noted. 8/6/14 medical report identifies no significant improvement since the last exam. She continues to have headaches. On exam, there is neck tenderness and spasm, mild ROM limitation, deformity of the left third DIP, lumbar tenderness and spasm, and mild ROM limitation. Recommendations include continued aqua therapy, medications, neurocognitive evaluation, TMJ PT as recommended by the maxillofacial surgeon, pain management consultation, and hand therapy to improve the swelling and ROM in the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMJ Physical Therapy 2 x per Week x 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Physical Medicine

Decision rationale: Regarding the request for TMJ physical therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." 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, there is no current description of the patient's symptoms and findings related to the TMJ. Furthermore, the prior utilization reviewer modified the request to 9 sessions, but the current request for 12 sessions exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested TMJ physical therapy is not medically necessary.

Hand Therapy 2 x per Week x 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for hand therapy, California MTUS supports up to 10 sessions and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of 12 prior hand therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested hand therapy is not medically necessary.