

Case Number:	CM14-0088901		
Date Assigned:	07/23/2014	Date of Injury:	12/20/1991
Decision Date:	09/22/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 December 20, 1991. A utilization review determination dated May 28, 2014 recommends noncertification for physical therapy myofascial release for the jaw. Noncertification was recommended since the patient has previously undergone six therapy treatments with no documentation of functional improvement, home exercise program, or self massage. A physical therapy billing report seems to indicate that the patient has had numerous physical therapy sessions previously since 2004. A letter dated May 14, 2014 indicates that the patient has not gotten approval for continuing physical therapy and has deteriorated. His pain level is 9. Physical examination identifies tenderness in all muscles of mastication and the temporomandibular joints. The patient also has a grade 2/5 click on the right TMJ and crepitus bilaterally. The treatment plan indicates that the patient has worn a hole in his splint which was temporarily repaired, has been resistant to Botox injections which were done 6 weeks ago, and currently has increased pain due to his inability to get physical therapy. The treatment plan also recommends an MRI to assess the soft tissue component TMJ as well as disk integrity. A letter dated March 24, 2014 identifies subjective complaints of pain rated as 6 to 7. The note indicates that the only thing that gives the patient relief besides Botox injections and splint therapy is physical therapy. The note indicates that without physical therapy, the patient's pain levels increase and become unmanageable. The note goes on to state, "it has been documented that physical therapy has helped tremendously in improving and maintaining his chronic pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Myofascial release one a week for six weeks jaw quantity 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Physical Medicine.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. 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 a maximum of 6 visits of physical therapy for the treatment of temporomandibular joint disorders. Within the documentation available for review, it appears the patient has undergone numerous physical therapy sessions previously. It is unclear how many therapy sessions the patient has previously undergone. There is no documentation of sustained objective functional improvement as a result of previous physical therapy, although temporary functional improvement has been documented. Guidelines do not support reliance upon passive modalities for the treatment of any disorder. There is no statement indicating why a home exercise program or self massage would be insufficient to address any remaining issues. In the absence of clarity regarding those issues, the currently requested additional 6 physical therapy sessions for the job are not medically necessary.