

Case Number:	CM14-0214871		
Date Assigned:	01/07/2015	Date of Injury:	03/05/2014
Decision Date:	03/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 49 year old female, who sustained a work related injury on 3/5/14. The diagnoses have included anxiety and facial contusion. Treatments to date have included 9 sessions of physical therapy for the TMJ, MRI of head, Toradol injection for severe headache relief, chiropractor treatments, massage, oral medications and physical therapy. In the orthopedic consultation report dated 10/21/14, the injured worker complains of bilateral jaw pain, left worse than right. On 11/19/14, Utilization Review non-certified a request for physical therapy for TMJ, 3x/week for 4 weeks. The California MTUS, Physical Medicine Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for TMJ; 3 times a week for 4 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 Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with neck, low back and TMJ pain. The current request is for PHYSICAL THERAPY FOR TMJ: 3 TIMES A WEEK FOR 4 WEEKS. The MTUS Guidelines page 98 and 99 regarding physical medicine recommends 9 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. This patient sustained facial injuries in 3/5/14 and underwent 33 stitches at the gumline and lips. The patient states that she continues with jaw pain that produces clicking and headaches. The medical files indicates that the patient has participated in physical therapy for her muscoskeletal conditions, but has not yet received occupational or physical therapy for the TMJ. The patient is not in the post surgical time frame. Given the patient's continued complaints, a course of 9-10 session may be indicated. However, the request for 12 sessions exceeds what is recommended by MTUS. This request IS NOT medically necessary.