

Case Number:	CM15-0097403		
Date Assigned:	05/28/2015	Date of Injury:	12/23/2013
Decision Date:	06/26/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 12/23/2013. She reported neck and back pain. The injured worker was diagnosed as having history of right facial trauma, right malar region hematoma with residual soft tissue deformity, and possible right TMJ. Treatment to date has included magnetic resonance imaging of the face (5/31/2014), magnetic resonance imaging maxillofacial (1/27/2014), and magnetic resonance imaging of the cervical spine (3/27/2014). The request is for physical therapy. On 10/10/2014, she complained of headaches to the right side of her head. She rated the pain 4/10, and described it as rare. Physical examination of the right cheek revealed an indentation over the right submalar region. On 11/7/2014, she did not offer complaints of pain with the exception of occasional jaw pain. She is noted to have TMJ pain on the right with palpation and grinding and clicking is noted. The treatment plan included: Hydroquinone, Restylane or Juvederm, and work restrictions. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 for the hips/low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in December 2013 and is being treated for chronic neck, low back, and temporomandibular joint pain. The claimant is being treated for chronic pain. There is no apparent new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not medically necessary.