

Case Number:	CM13-0003463		
Date Assigned:	09/18/2013	Date of Injury:	02/04/1994
Decision Date:	02/24/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed Dentist and is licensed to practice in Texas. 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:

The patient is a 69-year-old female who reported an injury on 02/04/1994. The patient is diagnosed with early chronic regional pain syndrome (CRPS), traumatic arthropathy, myofascial pain dysfunction and musculoskeletal pain dysfunction, sympathetic accelerated afferent nociception, and chronic synovitis of the temporomandibular joints. The patient was seen by [REDACTED] on 06/13/2013. The patient required physical manipulation of her condyle during the previous 2 office visits in an attempt to aid the opening of the appliances provided. The patient has been provided instructions for a home exercise program to include modified manipulation of her jaw 3 times per day. Treatment recommendations included a request for an additional 8 to 10 office visits, 2 to 4 weeks apart for the next few months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8-10 visits within 2-4 weeks apart with temporomandibular joint manipulation and adjustment and modification of existing appliances: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ;Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head Chapter, Office Visits.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of techniques are available to teach coping skills, depending on the patient's specific needs and skill deficits. The practitioner can explain that the patient must take care of him or herself and assume responsibilities. Official Disability Guidelines state the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical documentation submitted, the patient presents with ongoing symptoms related to temporomandibular joint disorder and has been treated with past manipulation and instruction in a home exercise program. The patient has also been treated with oral appliances. While additional office visits may be indicated for maintenance of the appliances and monitoring of the patient's current condition, the request for 8 to 10 office visits is excessive in nature. Medical necessity has not been established. As such, the request is noncertified.