

Case Number:	CM13-0010638		
Date Assigned:	06/06/2014	Date of Injury:	05/28/2013
Decision Date:	07/11/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/14/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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:

Patient is a 63-year-old female who reported an injury on 05/28/2013. The documentation mechanism of injury is a kicked rubber ball to the injured worker's left side of face, including her temple and cheek. On 08/11/2013, the injured worker had a followup evaluation with her medical provider. The injured worker's chief complaints were pain to the right jaw, described as sharp and burning. She reported that this pain was moderately severe. She also reported the frequency of pain was constant and exacerbated by talking and chewing. The injured worker admits to headaches post injury. The injured worker uses acetaminophen 500 mg 1 to 2 capsules every 8 hours as needed for her pain. The physical examination indicated vital signs within normal limits and the patient indicated a pain severity a 3/10. The clinical evaluation continued with no evidence of jaw clenching, abnormal lateral jaw movement, facial sensation or corneal reflex abnormalities. Facial expression and taste on the anterior tongue appeared normal. There were no abnormalities to gross hearing or balance. The injured worker had no difficulty with head turning or evidence of trapezius weakness. The examination of the ears appeared normal with no discharge and no evidence of epistaxis. The examination of the nasal septum was within normal limits and there was no palpable abnormalities of the patient's mouth or throat. The musculoskeletal evaluation indicated facial tenderness and right mandible tenderness. Range of motion of the neck was unrestricted. There was no evidence of muscle weakness in the paracervical musculature. And, lastly, in the other exam findings it was indicated that the exam was normal except for right TMJ tenderness and mandibular-maxillary malocclusion. The evaluation indicated a diagnosis of TMJ disorder, TMJ arthralgia, contusion without loss of consciousness, and blunt head trauma. The treatment plan included a recommendation for therapeutic jaw wiring. The rationale being for healing of the torn jaw tendon. The injured worker will remain on the job with restrictions and return for a followup exam in 2 weeks. A

rationale for the steroid pack is not provided, a rationale for a period of immobilization with maxilla mandibular fixation is provided, and a rationale for splint therapy is not provided. The request for authorization of medical treatment is not provided with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

STEROID PACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Corticosteroids.

Decision rationale: The Official Disability Guidelines indicate corticosteroids are not recommended. Due to the increase in mortality with steroids, it is suggested that steroids should no longer be routinely used in people with traumatic head injury. The injured worker's clinical evaluation on 08/14/2013 indicated severity of pain at 3/10. The physical examination did not indicate any inflammatory pain. In fact, it is documented that the injured worker had a normal exam except for right TMJ tenderness and mandibular-maxillary malocclusion. There simply is no pertinent information to support a need for a corticosteroid. The evaluation documented use of acetaminophen as needed for pain and pain at a 3/10 does provide evidence that the acetaminophen is effective to treatment. The request for a steroid pack fails to provide a frequency and a dosage. Therefore, the request for a steroid pack is not medically necessary and appropriate.

PERIOD OF IMMOBILIZATION WITH MMF (MAXILLA MANDIBULAR FIXATION): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General Principles of Mandible Fracture and Occlusion Treatment and Management, Author: Edward W Chang, MD, DDSWeb MD, Dealing with TMJ Disorders.

Decision rationale: Maxilla mandibular fixation is indicated for fractures. Maxilla mandibular fixation is effective for treatment of mandible fractures and has a favorable prognosis. Research indicates that TMJ is also relieved with moist heat or cold packs, eating soft foods, NSAIDs, low level laser therapy, night guard, avoiding extreme job movements such as yawning and chewing, or yelling or singing, learning not to clench or grind your teeth, and also learning relaxation techniques to help control muscle tension in the jaw. Research shows that if conservative care is not effective for pain relief, transcutaneous electrical nerve stimulation, ultrasound therapy,

trigger point injections and radio wave therapy may be used. However, these treatments are controversial. And lastly, research suggests that surgery may be needed and considered after all other treatment options have been unsuccessful. The surgery that would be indicated as an invasive measure would be arthroscopic surgery. Based on the clinical evaluation on 08/14/2013, the injured worker rates her pain at 3/10. The injured worker is using acetaminophen as needed for pain control. The treatment plan of immobilization with maxilla mandibular fixation is not indicated for the injured worker's diagnosis of TMJ. It is also noted that the only conservative care that the injured worker has been using is the as-needed medications. Research indicates many other noninvasive measures that may be used. The request for a period of immobilization with MMF (maxilla mandibular fixation) does not indicate a time range. Therefore, the request for a period of immobilization with MMF (maxilla mandibular fixation) is not medically necessary and appropriate.

SPLINT THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Web MD, Dealing with TMJ Disorders.

Decision rationale: Research on WebMD section dealing with TMJ disorders indicates that a splint is the main treatment for jaw, muscle pain and tightness involving a plastic guard that fits over the upper and lower teeth. Splinting helps to prevent clenching and grinding of the teeth. The injured worker had an evaluation dated 08/14/2013 that did not indicate any jaw muscle pain or tightness. The injured worker did not indicate any clenching or grinding of her teeth. The injured worker has a lack of symptoms that are noted as indicated for a splint. The injury reports use of acetaminophen effective for pain relief related to injury. Upon evaluation the pain level was 3/10. Based on the clinical evaluation, it appears that conservative care with use of as needed medication is effective for maintaining the patient's discomfort. The decision for splint therapy does not include the duration of therapy or a location of where the splint is to be worn. As such, the request for splint therapy is not medically necessary and appropriate.