

<b>Case Number:</b>	CM13-0012789		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 physician 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 48-year-old male who reported a work-related injury on 01/11/2013, as a result of a fall. Subsequent CT scan of the patient's brain demonstrated multiple facial bone fractures, including a left zygomatic arch, a fracture to the lateral left inferior orbital rim, and left maxillary sinus. The provider documented there was no ocular entrapment or severe displacement, so the fractures could be managed on an outpatient post-patient discharge. However, operative report dated 01/17/2013 reports the patient underwent debridement of all facial lacerations, repair of the orbital floor, repair of the NOE complex and Le Fort II, and repair and closure of all facial and intra-oral lacerations. Clinical note dated 07/31/2013 reports the patient was seen under the care of dentist, [REDACTED]. The provider documents the patient has suffered the classic symptoms of temporomandibular arthropathy, including pain, swelling, stiffness, and deformity of the bilateral temporomandibular joints. The provider documents the patient is unable to eat and chew his food properly, since he has a complete open bite on the right, and his only contact is to the left. The provider documented the patient required urgent intervention to assist the healing process to stable the condylar positions in both temporomandibular joints and prevent further ankylosis of the temporomandibular joints. The provider documented intensive physical therapy treatments may also be necessary in conjunction with the functional jaw orthopedics. The provider recommended craniomandibular decompression and muscle rehabilitation appliance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Craniomandibular decompression and muscle rehabilitation appliance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Jivraj S, Chee W. Transitioning patients from teeth to implants. *8r Dent J.* 2006 Dec; 201(11): 699-708 and Academy of Prosthodontics Glossary of Prosthodontics Terms and Jivraj S, Chee W Treatment planning of implants in the aesthetic zone. *Br Dent J.* 2006 Jul 22

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vicente-Barrero, Mario, et al. "The efficacy of acupuncture and decompression splints in the treatment of temporomandibular joint pain-dysfunction syndrome." *Medicina oral, patologia oral y cirugia bucal* 17.6 (2012): e1028 and Renton, Tara, and Joanna Zakrzewska

**Decision rationale:** The request for a craniomandibular decompression and muscle rehabilitation appliance is not supported. The clinical documentation submitted for review evidences the patient sustained multiple severe craniofacial and orthopedic traumas status post a work-related fall sustained on 01/11/2013. The provider documents the patient presents with difficulties of mastication of food due to the following post-injury diagnoses: traumatic arthrosis, mild facial pain dysfunction, musculoskeletal pain dysfunction, and status post-surgical fracture resulting with additional need of surgical correction of facial bones. The clinical notes document the patient reports pain, difficulty with chewing, and the provider documents severe skeletal and dental malocclusion that remains status post the patient's initial operative procedure performed post-injury. Journal article entitled "The efficacy of acupuncture and decompression splints in the treatment of temporomandibular joint pain-dysfunction syndrome" indicates, "patients treated with decompression splints showed reductions in subjective pain and pain on pressure points located on the temporal, masseter, and trapezius muscles, although differences did not reach statistical significance." Whereas a possible oral appliance for this patient may be indicated, there was a lack of recent imaging studies to support objectively the request or documentation of conservative care treatment utilized to date for the patient's specific pain complaints. Given all the above, the request for a craniomandibular decompression and muscle rehabilitation appliance is not medically necessary or appropriate.