

Case Number:	CM13-0047737		
Date Assigned:	01/29/2014	Date of Injury:	09/23/2013
Decision Date:	04/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational 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 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:

Claimant is a 34 year old female with date of injury 9/23/2013. She reportedly suffered traumatic injury resulting in a broken nose and her upper front porcelain veneer coming off. Progress note dated 10/10/2013 reports that the claimant complains of the porcelain veneer came off and was rebounded, and a piece of her tooth was fractured in the back. She complained of facial pain and clicking of the Temporomandibular joint (TMJ) on both sides. She feels swelling on both sides of her temporal area when she chews meat or nuts. She gets dizzy with head movements especially when she moves her neck on the sides. The claimant stated that her arms, neck and back hurt when she stretches. She has neck pain, upper and mid back pain, and a broken nose. Objective findings include missing teeth #1, 19, and 32. Tooth #19 has a temporary crown. Tooth #8 has porcelain veneer with gingival darkness, open margin on lingual of porcelain margin, and a dark marking at and below the facial margin due to root canal treatment. There is mild tenderness upon palpation on both sides of the masseter muscle and both sides of the splenius capitus muscle. Clicking noises on both sides of the temporomandibular joint. Diagnoses include 1) myofascial pain 2) internal derangement 3) traumatic injury to tooth #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Sessions of Office Visits (which includes three (3) sessions to teach the patient how to do musculo-skeletal exercise at home): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Dental Crowns: Uses, Types, and How the Procedure Is Done". Webmd.com.2010-11-16. Retrieved 10-16-13. Additionally, American College of Occupational and Environmental Medicine (ACOEM) For Independent Medical Examinations and Consultations regarding Referrals, Cha

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006)" Home exercise is an active therapy and home exercise plans are supported by these guidelines. Programs such as these may result from multiple physical therapy sessions and do require reinforced education to be successful. The request for four sessions of office visits (which includes 3 sessions to teach the patient how to do musculo-skeletal exercise at home) is determined to be medically necessary.