

Case Number:	CM13-0051958		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2003
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and 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 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 71-year-old female who reported a work-related injury on 06/15/2003. The specific mechanism of injury was not stated. The patient presents with a history of shoulder pain, diffuse pain, and dental problems as per the clinical note dated 09/06/2013 under the care of [REDACTED]. The provider documents the necessity to add the following diagnosis of severe TMJ pain. The provider reports the patient reports TMJ pain exacerbation. The provider documents the patient is edentulous; denture fitting has been put on hold, as the patient cannot open her jaw fully.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMJ Specialist Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127, Online Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The current request is not supported. The clinical notes failed to document the patient's course of treatment specifically in reference to TMJ dysfunction. The provider

documents the patient is requesting a TMJ consultation with a specific specialist due to an acute exacerbation of her symptomatology in regard to her TMJ diagnosis. However, documentation of the patient's course of treatment, utilization of lower levels of conservative care and other consultations with dental providers were not evidenced in the clinical notes reviewed. The goal of such evaluation is in fact functional recovery and return to work. However, given all the above, the request for TMJ Specialist Consult is neither medically necessary nor appropriate.