

Case Number:	CM13-0057053		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2013
Decision Date:	04/02/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/25/2013

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 licensed in Dentistry and Periodontics 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:

The patient suffered a work related injury on 1/17/13. Included for review are progress reports from 12/18/13 and 2/7/14. Diagnosis include Traumatic Arthropathy, Synovitis of the temporomandibular joint, Myofascial pain dysfunction, and Sprain and Strain of the joint. There are no clinical notes describing the patients current limitations in excursive nor protrusive movements. There is no explanation given for the utilization of the repositioning appliance. There is no documentation of the patients current pain or discomfort with or without an appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for diagnostic study models and bite registration & articular mounting procedure: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kidder GM, Solow RA. Precision occlusal splints and the diagnosis of occlusal problems in myogenous orofacial pain patients. Gen Dent 2014;62:24-31.

Decision rationale: Diagnostic study models utilizing bite registration and articular mounting are standard dental procedures utilized in cases that may require diagnosis of the patients excursive and protrusive contacts as well as to understand interferences present during those same movements. Therefore, the request is medically necessary.

Craniomandibular orthopedic repositioning/neurosensory modulator mediated appliance:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taddey JJ. Rationale for sequential use of both maxillary and mandibular orthopedic appliances in the treatment of TMJ disorders. Journal of craniomandibular disorders : facial & oral pain 1990;4:273-275.

Decision rationale: There is insufficient documentation to support the prescribed treatment. Although diagnosis have been given there is no supporting documentation to support the diagnosis, no subjective pain reports by the patient, nor rationale given for utilization of the device. Therefore, the request cannot be found as medically necessary.