

Case Number:	CM13-0058974		
Date Assigned:	12/30/2013	Date of Injury:	10/30/2012
Decision Date:	08/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 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:

This is a 42-year-old female patient with a 10/30/12 date of injury. 4/15/13 progress report indicates right-sided jaw pain, exacerbated by chewing food and with yawning. 3/26/13 progress report indicates tenderness over both temporomandibular joints. The requesting provider indicates that there is a significant amount of headaches that are related to a jawlash of right temporomandibular joint syndrome. 6/25/13 physical exam demonstrates Temporomandibular joint (TMJ) tenderness. 7/30/13 physical exam demonstrates TMJ tenderness. 9/10/13 progress report indicates TMJ syndrome. 9/25/13 physical exam demonstrates right TMJ tenderness. 10/23/13 physical exam demonstrates right TMJ tenderness. The patient complains of right TMJ tenderness and intermittent headaches. Treatment to date has included chiropractic care, medication, H-Wave Therapy, Acupuncture, Home Exercise, Activity Modification, Physical Therapy (PT), Psychotherapy, Aqua Therapy. There is documentation of a previous 11/20/13 adverse determination for lack of a clear diagnosis and lack of records from the dental evaluation and MRI results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral splint or orthotic device for the temporomandibular joint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Management and Treatment of Temporomandibular Disorders.

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: Aetna CPB 28, Temporomandibular Disorders.

Decision rationale: Aetna CPB 28, Temporomandibular Disorders states that reversible intra-oral appliances may be considered medically necessary in selected cases only when there is evidence of clinically significant masticatory impairment with documented pain and/or loss of function. Prolonged (greater than 6 months) application of TMD/J intra-oral appliances is not considered medically necessary unless, upon individual case review, documentation is provided that supports prolonged intra-oral appliance use. However, there remains no clinical evidence of TMJ dysfunction. The patient has presented with TMJ complaints for well over a year, and it is unclear which treatment was rendered directed specifically at the patient's TMJ complaints. Previous recommendations for oral appliance were made; it is unclear whether the patient was using an oral appliance previously. In addition, a formal imaging report was not made available for review to corroborate the diagnosis. Lastly, it is unclear whether the oral appliance is requested to prevent headaches as the patient does complain of headaches that are partially attributed to the supposed TMJ pathology. Therefore, the request for an oral splint or orthotic device for the temporomandibular joint was not medically necessary.