

Case Number:	CM13-0060253		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2011
Decision Date:	04/04/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Dentistry, has a subspecialty in 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 is a female 62 years of age who suffered a work related injury on 4/21/2011. The patient has been diagnosed with temporo-mandibular joint dysfunction and has history of migraines and pain associated with function. The patient has a no limitations in her range of motion in excursive movements as well as maximum opening. There have been observations of clicking and crepitus associated with the joint. There has been a previous denial for the requested treatment of splinting devise with 10 follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) follow up visits, splint adjustments and evaluation with temporomandibular joint specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ficnar T, Middelberg C, Rademacher B, et al. Evaluation of the effectiveness of a semifinished occlusal appliance--a randomized, controlled clinical trial. Head Face Med 2013;9:5. Dym H, Israel H. Diagnosis and treatment of temporomandibular disorders. Dent Clin

Decision rationale: The Expert Reviewer's decision rationale: Based on the information provided and the patient progress notes the requested treatment is medically necessary. Adjustment of the prosthesis and patient re-evaluation over the course of ten appointments is not uncommon. Patient acceptance of the appliance will depend upon finding a comfortable occlusal plane that depends on dental, skeletal and muscular relationships. This process can range in the amount of time and number of appointments yet the current request is not unreasonable.