

Case Number:	CM13-0064363		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2008
Decision Date:	08/18/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 with a December 10, 2008 date of injury. He was cutting branches off an olive tree when a large branch fell and struck him on the left temporal-occipital head region. Hand-written, partially illegible dental notes from 2012 were provided for review. An Orthodontic note from December 13, 2012 indicates the patient has frequent headaches, clicking/popping of the jaw, pain around the ear, and ringing in the ears. The note documents that the orthodontic treatment may be unable to correct TMJ symptoms. On 1/30/13, the provider notes that the patient has marked crepitus of either jaw and his left masseter and temporalis muscles are somewhat tender. On April 30, 2013, the patient continued to have temporalis pain and popping in his jaw. MRI of the TMJ on February 28, 2013 shows anterior dislocation of the right TM disk on both closed and open mouth images with flattening of the right mandibular condyle with a small osteophyte. There is anterior dislocation of the left TM disk on the closed mouth images with normal capturing on the open mouth images with thinning of the left TM disk. There is a small stable 3-cm arachnoid cyst in the left middle cranial fossa. Diagnostic Impression is TM dysfunction, Post-traumatic Vertigo, Traumatic TMJ bilaterally, and Cervical Straining injury. Treatment to date: medication management, physical therapy, bite guard. A UR decision dated December 5, 2013 denied the requests for the following reasons: 1. Orthodontic treatment was denied based on the fact that there were no recommendations to support its utilization for the treatment or cure of TMJ dysfunction. 2. There were no guidelines to support occlusal adjustments for the treatment of TMD. 3. Additional periodontal maintenance does not seem required. The patient had complete root planning and scaling in March of 2013. The guidelines state that annual care is sufficient for low risk patients who are compliant with their own personal hygiene. 4. Pulpal debridement was denied due to the fact that cited sources state that too often uncooperative patients are alienated by pre- and post-operative pain

associated with deep restorations or pulpal involvement. The citation recommends glass ionomer temporaries as the preferred treatment. 5. Recommendations could not be found within the appropriate guidelines to support medical necessity of canals for final restoration for the treatment or cure of TM dysfunction. 6. A search of guidelines failed to yield recommendations for a lava crown for treatment of TM dysfunction. 7. A search of guidelines failed to yield recommendations for intraoral periapical-first image or 23 intraoral peri-apical-each additional image. 8. The guidelines failed to yield recommendations for prefabricated posts and cores in treatment of TM dysfunction. 9. The guidelines failed to yield recommendations for composite ortho adult denture in the management of TM dysfunction. 10. The guidelines failed to yield recommendations for orthodontic retainers in the management of TM dysfunction. 11. The guidelines failed to yield recommendations for a panoramic image in the management of TM dysfunction. The previously noted research indicates that panoramic images are warranted for the diagnosis of various dental conditions, but are not utilized in specific management plans.

IMR ISSUES, DECISIONS AND RATIONALES

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

One orthodontics therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter-Facial Trauma Other Medical Treatment Guideline or Medical Evidence:
(<http://www.nlm.nih.gov/medlineplus/ency/article/001227.htm>).

Decision rationale: The CA MTUS does not address this issue: ODG states that trauma to the oral region occurs frequently and comprises 5% of all injuries for which people seek treatment. Among all facial injuries, dental injuries are the most common, of which crown fractures and luxations occur most frequently. An appropriate treatment plan after an injury is important for a good prognosis. Orthodontic treatment is not medically necessary for the patient's minor malocclusion, which has not been demonstrated to be correlated to his TMJ dysfunction. Furthermore, the orthodontic note from 2012 provided for review documents that orthodontic treatment may be unable to correct the TMJ dysfunction. In addition, the causal relationship between the patient's industrial injury and the necessity for orthodontics is not clear. Therefore, the request for one orthodontics therapy is not medically necessary or appropriate.

One occlusal adjustment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The Cochrane Collaboration: TMJ disorders.

Decision rationale: CA MTUS and ODG do not address this issue. The Cochrane Collaboration recently reviewed permanent occlusal adjustment and occluding splint therapy for treatment of TMJ disorders. There was insufficient evidence to show benefit or harm with either treatment. Several trials comparing occluding and non-occluding splint therapy have shown no significant differences in long-term treatment outcomes. Occlusal adjustment, either permanent or temporary, can still be an appropriate treatment for dental pathology, but its role in the primary treatment of TMJ disorders is uncertain. However, there is lack of documentation for occlusal adjustment based on the fact that there is no evidence of occlusal disharmony and/or teeth in hyperocclusion. The request for one occlusal adjustment is not medically necessary or appropriate.

One periodontal maintenance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN ACADEMY OF PERIODONTOLOGY. J PERIODONTAL. 2011 JUL;82(7):943-9. [133 REFERENCES].

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 Dental Benefits Summary.

Decision rationale: The CA MTUS and ODG do not address this issue. Aetna Clinical Guidelines support up to 2 periodontal maintenance visits per calendar year. There is no documentation of periodontal pocket depths, attachment levels, or mobility in order to justify a diagnosis of periodontal disease which would require maintenance. Therefore, the request for one periodontal maintenance is not medically necessary or appropriate.

FOUR (4) PUPAL DEBRIDEMENT FOR TEETH #15, #18, #19, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Dental Trauma.

Decision rationale: CA MTUS does not address this issue. ODG states that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. However, based on the records provided, there is no

evidence of pulpal disease in these teeth that would warrant endodontic treatment. In addition, it is unclear how pulpal debridement for this patient would benefit the TMJ dysfunction. Therefore, the request for 4 Pulpal Debridement for teeth #15,#18,#19,#30 is not medically necessary or appropriate.

Four canals excluding final restoration for teeth #15, #18, #19, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Dental Trauma.

Decision rationale: The CA MTUS does not address this issue. ODG states that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. If the pulp has been seriously damaged, the tooth will require root canal treatment before a crown. A tooth that is vertically fractured or fractured below the gum line will require root canal treatment and a protective restoration. However, debridement is included in root canal therapy, and there is lack of documentation provided to support the need of endodontic treatment. In addition, it is unclear how root canal treatment is related to the patient's primary complaint of TM dysfunction. Therefore, the request for four canals excluding final restoration for teeth #15, #18, #19, #30 is not medically necessary or appropriate.

One lava crown: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Dental Trauma.

Decision rationale: The CA MTUS do not address this issue. ODG states that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. However, there is no evidence of structural compromise to warrant an extra coronal restoration. In addition, the tooth for the crown requested is not documented. Therefore, the request for one lava crown is not medically necessary or appropriate.

Twelve intraoral periapical, first image for teeth #15, #18, #19, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Dental Benefits Summary.

Decision rationale: The CA MTUS and ODG do not address this issue. The Aetna Dental Benefit Summary does support periapical x-rays on initial visits. The 12 periapical x-rays cannot be substantiated since the initial request for endodontic treatment was not found to be medically necessary. These x-rays would be taken during the root canal process. Therefore, the request for twelve intraoral periapical, first image for teeth #15, #18, #19, #30 is not medically necessary or appropriate.

23 intraoral periapical, each additional image for teeth #15, #18, #19, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Dental Benefit Summary.

Decision rationale: The CA MTUS and ODG do not address this issue. The Aetna Dental Benefit Summary does support periapical x-rays on initial visits. Since the initial request for endodontic treatment was not found to be medically necessary, the associated periapical radiographs was not substantiated. These x-rays would be taken during the root canal process. Therefore, the request for 23 Intraoral Periapical-each additional image (teeth #15,18,19,30) is not medically necessary or appropriate.

Four prefabricated post and core for teeth #15, #18, #19, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Dental Trauma.

Decision rationale: The CA MTUS does not address this issue. ODG states that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due

to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. However, since the root canal treatment was not substantiated for this case, the associated request for prefabricated post and core for teeth #15, #18, #19, #30 is not medically necessary or appropriate.

Three crown porcelain fused to high noble metal for teeth #18, #19, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Dental Trauma.

Decision rationale: The CA MTUS does not address this issue. ODG states that dental implants, dentures, crowns, bridges, onlays, inlays, braces, pulling impacted teeth, or repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury. Any dental work needed due to underlying conditions unrelated to the industrial injury would be the responsibility of the worker. If part of the tooth is lost, but the pulp is not irrevocably damaged, a porcelain veneer or crown may be used. There is no documentation of structural compromise in this case to warrant the need for extra coronal restoration. Therefore, the request for three crown porcelain fused to high noble metal for teeth #18, #19, #30 is not medically necessary or appropriate.

One detailed focused exam: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Dental Benefits Summary.

Decision rationale: Aetna Dental Benefits Summary does support oral evaluations. However, there is evidence that a detailed examination has already been completed, and there is no clear rationale as to why an additional detailed examination would be necessary. Therefore, the request for one detailed focused exam is not medically necessary or appropriate.

Four pulp vitality tests teeth #18, #19, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: http://en.wikipedia.org/wiki/Electric_pulp_test.

Decision rationale: The CA MTUS and ODG do not address this issue. A search of online resources indicates that a Pulp Vitality test, or Electric Pulp test, ascertains the vitality of a tooth. However, there is no clear documentation of the patient having discomfort or pain in these teeth. The patient's complaint is primarily of TMJ discomfort and occipital pain. Therefore, the request for four pulp vitality tests teeth #18, #19, #30 is not medically necessary or appropriate.

One periodic oral examination: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering and the Restoration of Function Chapter 6 (Pages 127, 156). Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. This patient has ongoing TMJ dysfunction and the guidelines do support consultations with specialists as the primary treating provider feels appropriate. Therefore, the request for one periodic oral examination is medically necessary and appropriate.

One oral/facial photographic image: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Br Dent J. 2014 Feb;216(4):207-8. doi: 10.1038/sj.bdj.2014.141.

Decision rationale: The CA MTUS and ODG do not address this issue. An article entitled Dental Photography in Record Keeping and Litigation states: The value of producing high quality dental photographs has been recognised by more and more dental practitioners, both to enhance their patient records and prevent litigation, particularly in the field of cosmetic dentistry and orthodontics. In recent years with the advent of digital photography the necessary camera set ups for clinical use have become easier to use, more available and affordable. With suitable training any member of the dental team is capable of taking high quality and repeatable images. Oral/Facial Photographic images may be medically necessary to evaluate ongoing changes in symmetry or facial atrophy associated with TMJ dysfunction. However, photographs are typically included in a detailed dental exam, and it is unclear how this would be an additional

procedure. Therefore, the request for one oral/facial photographic image is not medically necessary.

One cone beam 3D/I CAT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: J Can Dent Assoc. 2006 Feb;72(1):75-80.

Decision rationale: The CA MTUS and ODG do not address this issue. An article entitled Clinical applications of cone-beam computed tomography in dental practices states the following: Cone-beam computed tomography (CBCT) systems have been designed for imaging hard tissues of the maxillofacial region. CBCT is capable of providing sub-millimetre resolution in images of high diagnostic quality, with short scanning times (10-70 seconds) and radiation dosages reportedly up to 15 times lower than those of conventional CT scans. Increasing availability of this technology provides the dental clinician with an imaging modality capable of providing a 3-dimensional representation of the maxillofacial skeleton with minimal distortion. However, there is already documentation of a MRI of the TMJ. There is no discussion of significant changes in the patient's condition to warrant repeat imaging. In addition, a CT scan would subject the patient to unnecessary radiation exposure. Therefore, the request for one cone beam 3D/I CAT scan is not medically necessary or appropriate.