

Case Number:	CM13-0067006		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2012
Decision Date:	06/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The patient is an employee of [REDACTED] and has submitted a claim for carpal tunnel syndrome, elbow tendinitis, cervical disc bulge with radiculitis, thoracic outlet syndrome, elbow tendonitis, ulnar nerve entrapment in the cubital tunnel, and stenosing tenosynovitis associated with an industrial injury date of 04/01/2012. Treatment to date has included physical therapy, chiropractic care and medications including Toradol, Tylenol, ibuprofen, and Norflex. Utilization review from 11/25/2013 denied the request for mouth piece because there is no evidence that an over-the-counter mouth piece has been tried and failed. Medical records from 2011 to 2013 were reviewed showing that patient complained of right shoulder, right neck, right elbow, right forearm, right wrist, and right hand pain graded 7-8/10 in severity. There was associated numbness to the right upper extremity. Patient likewise complained of abnormal jaw pain and abnormal fatigue. Physical examination showed tenderness at right pronator, carpal tunnel, lateral and epicondyle, lateral deltoid, supraspinatus, and intertubercular groove of anterior shoulder, right. Speed's, Yergason's, Finkelstein, and Mill's tests were positive. Range of motion of cervical spine, lumbosacral spine, left shoulder, and both wrists was limited on all planes. EMG/NCV on 12/05/2011 revealed borderline left carpal tunnel syndrome, right ulnar motor neuropathy and C6-7 paraspinal muscle irritation. MRI of the right shoulder on an unspecified date showed impingement and tear of supraspinatus tendon. MRI of cervical spine showed disc dessication at C2-3 down to C6-7 and multi-level posterior disc herniation measuring 2.0 mm causing bilateral neural foraminal and spinal canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOUTH PIECE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/pmh0002386/>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, Clinical Policy Bulletin: Temporomandibular Disorders.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Aetna Clinical Policy Bulletin, Temporomandibular Disorders section was used instead. It states that reversible intra-oral appliances (occlusal splints, bite 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. In this case, the patient has been complaining of abnormal jaw pain as far back as December 2012. It is unclear if the patient has already tried mouth piece before. There is no documentation as to why a mouth piece is suddenly indicated at present since the complaint has been too long ago. The rationale given for mouth piece is due to persistent teeth grinding due to stress. Medical records submitted and reviewed do not include comprehensive physical examination of the mouth or jaw that will support its use. There was likewise no evidence of any resulting functional impairment. Therefore, the request for mouth piece, Qty 1 is not medically necessary.