

Case Number:	CM14-0106163		
Date Assigned:	07/30/2014	Date of Injury:	08/22/2011
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 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:

Only the utilization review report dated 6/25/14 by [REDACTED] has been provided as records for review. No other reports of treating dentists or medical doctors have been provided for review. UR report provided indicates that this patient is a 34-year-old female who sustained an industrial injury on August 22, 2011. A panel QME in dentistry/TMJ was performed on June 28, 2013 by [REDACTED]. This actual report is not provided in the medical records for this IMR reviewer; however the UR Dr. has reviewed this report which states the patient was diagnosed with TMJ disorder, Myofascial pain, at xerostomia/dry mouth. Future medical treatment was to include evaluation by a specialist at [REDACTED] or [REDACTED]. UR doctor reviewed a QME supplemental report dated November 12, 2013 indicates that medical records are reviewed including TMJ joint MRI and MRI of the brain. It is noted that the patient definitely has TMJ joint disorder. The patient is seeing [REDACTED] in this regard. UR [REDACTED] states "as per the peer to peer discussion, the patient has continued TMJ pain despite treatment including physical therapy, multiple medications and Botox injections. MRI has shown internal joint pathology. It was agreed to allow the request for bilateral TMJ arthrocentesis. Therefore, my recommendation is to certify the request for bilateral TMJ arthrocentesis. It would be advisable to allow one follow-up visit to determine the patient's therapeutic planning including device adjustment. Therefore my recommendation is to modify the request for follow-up visit x4 to allow one follow-up visit. [REDACTED] report is not included in the records to reveal any dental objective justifications for 4 follow up visits and 4 device adjustments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Device adjustment x 4: Quantity 4.00: 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: Bruxism Management.

Decision rationale: [REDACTED] report is not included in the records to reveal any dental objective justifications for 4 follow up visits and 4 device adjustments. Therefore, device adjustment x4 is not medically necessary.

Follow up visit 99214 x 4 Quantity 4.00: 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: Bruxism Management.

Decision rationale: [REDACTED] report is not included in the records to reveal any dental objective justifications for 4 follow up visits and 4 device adjustments. Therefore, follow up visitsx4 is not medically necessary.