

Case Number:	CM14-0015456		
Date Assigned:	02/28/2014	Date of Injury:	07/09/2007
Decision Date:	08/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 41 year-old male with a 7/9/07 date of injury. The patient was lifting a dish container. He stepped on a piece of plastic and slipped and fell backward. When he fell backward he hit the back of his head on the rack that was on the ground. The patient was seen on 1/7/14 with complaints of pain in the left facial muscles. Physical examination findings revealed TMJ clicking, calculus build up and decays. Teeth numbers 18, 19, and 31 have healed with adequate bone for implants. Diagnostic impression: bilateral TMJ derangement, clenching, and grinding. The diagnosis is TMJ derangement, and necrotic tooth number 19. Treatment to date: medication management, activity modification, dental procedures, psychotherapy. An adverse determination was received on 1/29/14 for PT given no frequency or amount was requested. The request for implants was denied given there was no documentation of clear clinical evidence of a lesion that would benefit in the short and long term from the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMJ physical therapy for muscle pain & spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Head Chapter physical therapy TMJ American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. ODG recommends 6 visits of physical therapy for TMJ. However, this request does not specify the number of sessions being requested. In addition, it is unknown if this is a request for initial physical therapy treatment or for ongoing treatment. Therefore, the request for TMJ Physical Therapy For Muscle Pain & Spasms was not medically necessary.

Implant on area #18, 19 & 31 as soon as possible: 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.

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. If there is no sufficient structure remaining to hold a crown, tooth extraction may be needed, and bridges, implants or a removable appliance may be used. Rather than resting on the gum line like removable dentures, or using adjacent teeth as anchors like fixed bridges, dental implants are long-term replacements. The goal of replacing missing teeth while respecting otherwise untouched tooth structure and the avoidance of crown reduction in bridge preparation make the use of dental implants an option for restoring traumatic tooth loss. The placement of dental implants can have deleterious effects on the growing alveolar process, and it is necessary to delay implant reconstruction until the cessation of skeletal or alveolar growth. In situations where replacement of the tooth is accomplished by dental implants, the dental crown is also included. There is no documentation of clear clinical evidence of a lesion that has been shown to benefit in both the short and long term from the requested procedure. There is no clear documentation as to whether these teeth were injured as a result of the industrial accident and if so, if they were to be extracted or not. The information received and documentation do not make it clear. Therefore, the request for Implant On Area #18, 19 & 31 As Soon As Possible was not medically necessary.

