

Case Number:	CM14-0019646		
Date Assigned:	04/25/2014	Date of Injury:	09/02/2012
Decision Date:	08/25/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 records reviewed indicate that this is a 33-year-old patient who was involved in an industrial auto accident injury on 9/2/2012. The patient has left TMJ degeneration and internal derangement with pain and restricted range of motion and deviation to oral openings. The popping and clicking have been present before the injury. Per patient pain level is 0/10 on yawning; with pop pain can be 6-7 out of 10. The treatment plan proposed is a left TMJ arthroscopy with anesthesia by [REDACTED]. Utilization review dentist [REDACTED] has denied this request indicating that there is no evidence of any conservative therapy prior to any surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY OF THE LEFT JAW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOMS PARAMETERS OF CARE, OKESON J. MANAGEMENT OF DISORDERS OF THE TMJ AND OCCLUSION 5TH EDITION 2003 BY MOSBY.

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: Cranio. 2002 Oct;20(4):244-53. Temporomandibular disorder treatment outcomes:

second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr.

Decision rationale: There is no evidence of any failed conservative treatment prior to invasive surgical procedure. The guidelines recommend a trial of conservative care before considering surgical interventions.

ANESTHESIA 2 HOURS AT OR FACILITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOMS Parameters Of Care, Okeson J. Management Of Disorders Of The Tmj And Occlusion 5th Edition 2003 By Mosby.

MAXIMUS Guideline: The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Cranio. 2002 Oct;20(4):244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr. and on the Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: There is no evidence of any failed conservative treatment prior to invasive surgical procedure. The guidelines recommend a trial of conservative care before considering surgical interventions.