MAXIMUS Federal Services

Case Number:	CM14-0120617		
Date Assigned:	08/06/2014	Date of Injury:	04/02/2013
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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:

Records reviewed indicate that this is a 67-year-old patient who sustained an injury on 4/2/12. Patient fell over a hoist at the work, receiving a blow to the face while striking the cement. Treating dentist [redacted] report dated June 19, 2014 indicates diagnoses of MD discrepancy to the cranial base. [redacted] recommends conservative treatment to avoid surgery. Our goals for this patient include orthopedically realigning her mandible, thus reducing adverse joint loading, inflammation and pain, while improving his range of motion and strength. He recommends advanced diagnostics at the next visit to include diagnostic models, intraoral photographs, Tens/EMG, Tomography evaluation. He states after completing her advanced diagnostics, a day time orthopedic appliance will be fabricated utilizing results from her EMG studies and diagnostic models. UR dentist has certified the oral night time appliance, UR dentist has denied the interpretation for x-rays and EMG stating: CPT code for x-ray interpretation is used when a physician's opinion or advice regarding the specific skill is requested by another physician. Temporomandibular Joint Disorder TJM dysfunction related pain is diagnosed from a history and clinical exam except for imaging, technical examination are not warranted. Most muscle pain is a result of local muscle soreness, myofascial pain or centrally medicated myalgia. These conditions are not directly associated with muscle contraction, which is needed to produce an increase in EMG activity. It has also been demonstrated that small variations in electrode placement can significantly change EMG recording. With such slight differences and such great variations EMG recording should not be used to diagnose or monitor the treatment of TMD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interpretation of x rays, EMG:Electromyographic mapping of masticatory muscle.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Head-Electrodiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Head ChapterDental trauma treatment (facial fractures)Recommended. 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. The International Association of Dental Traumatology (IADT) has developed guidelines for the evaluation and management of traumatic dental injuries. (Flores, 2007) For facial fractures, recommend early stabilization in anatomical position using rigid fixation to give the most accurate reduction for the optimal return of preoperative appearance and function, while reducing long-term soft-tissue contracture. The surgeon managing these facial fractures must, at the same time, be cognizant of concomitant injuries, including neurologic, ophthalmologic, and cervical spine issues. (Sharabi, 2011) Fractures of the condylar process account for between 25% and 35% of all mandibular fractures (jaw). Treatment options for fractures of the condyles consist of either the closed method or by open reduction with fixation. Complications may be associated with either treatment option; for the closed approach these can include malocclusion, particularly open bites, reduced posterior facial height and facial asymmetry in addition to chronic pain and reduced mobility. A cutaneous scar and temporary paralysis of the facial nerve are not infrequent complications associated with the open approach. There is a lack of consensus currently surrounding the indications for either surgical or non-surgical treatment of fractures of the mandibular condyle. (Sharif, 2010) To treat zygomaticomaxillary complex fractures (cheekbone), adequate reduction and fixation should be performed. To minimize the amount of scarring, the intraoral zygomaticomaxillary buttress approach is the first choice to treat ZC fractures. In cases of displacement bigger than 5 mm, approaches to 3 of 4 points of the ZC are mandatory to reduce the fractures. The infraorbital rim and zygomaticofrontal suture approaches are indicated to treat displaced fractures. (Olate, 2010) Other Medical Treatment Guideline or Medical Evidence:Electromyography of masticatory muscles in craniomandibular disorders. Cooper BC1, Cooper DL, Lucente FE. Laryngoscope. 1991 Feb;101(2):150-7. PMID:1992265Patients presenting to the otolaryngologist with complaints such as otalgia, dizziness, tinnitus, or fullness in the ear may be experiencing the effects of craniomandibular disorders. These disorders can involve dysfunction in the delicate interrelationship of the skull, mandible, cervical vertebrae, and neuromuscular apparatus and can present as myofacial pain. Electromyographic recordings using surface electrodes were made bilaterally on the masseter, anterior tempora

Decision rationale: Based on medical references mentioned above, this IMR reviewer finds this request to be medically necessary to better evaluate and treat this patients TMD complaints.