

Case Number:	CM14-0128567		
Date Assigned:	08/18/2014	Date of Injury:	01/04/2014
Decision Date:	09/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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:

Records reviewed indicate this is a 44 year old female patient, who suffered a trauma while at work and complaint of significant jaw pain. Requesting dentist has recommended surgical repair of this patient's Temporomandibular Joint Disorders (TMJ) and post-surgery physical therapy for 12 visits. Utilization Review dentist has authorized the surgery and 6 visits of post-surgical physical therapy. Requesting dentist [REDACTED] report dated 07/21/14 states: The patient presented having had previous MRI performed at [REDACTED]. This demonstrated significant degeneration of the left temporomandibular joint with perforation of the meniscus and anterior dislocation of the right meniscus without reduction. We performed a CBCT for this patient and it was determined she had asymmetry of the condyles with significant degeneration and flattening of the left condyle, suggestive of chronic degeneration and possible hypoplasia. Both joint spaces were markedly decreased. [REDACTED] has diagnosed this patient with: left temporomandibular joint internal derangement with disk perforation, left temporomandibular joint degenerative disease with loss of vertical dimension, right temporomandibular joint internal derangement-anterior dislocation without reduction, bilateral arthralgia, and limited mandibular range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy (TMJ) 3 x 4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the records reviewed, medical reference mentioned above and [REDACTED] findings, the request for Post-Op Physical Therapy Temporomandibular Joint Disorders (TMJ) 3x4 (12 visits total) is medically necessary.