

Case Number:	CM14-0135424		
Date Assigned:	08/29/2014	Date of Injury:	04/02/2012
Decision Date:	10/28/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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 General Dentistry and is licensed to practice in Texas. 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 injured worker is a 52 year old female who sustained an injury on April 2,2012. The mechanism of injury is noted as cumulative trauma. A clinical note dated 7/23/14 revealed complaints of clenching her teeth, jaw moves to the side when she speaks, pain on hands, elbow pain, wrist pain, left shoulder pain, neck pain, tendinitis of the elbow, and problems with the spine. Physical examination reveals missing teeth at the #5, 12, 21, and 28 teeth, teeth #11 and 6 are rotated, no dental caries present, moderate tenderness upon palpation on both sides of the Masseter muscle, mild tenderness upon palpation of the Occipital muscle, slight scalloping of the lateral borders of the tongue on both sides, buccal Mucousal ridging on both sides of the inner cheek, no clicking noises or grinding noises in the TMJ, no deviation of the jaw to either side upon opening or closing of the jaw. The injured worker described bruxism as a result of stress from the multiple injuries sustained. The injured worker did have regular dental checkups and teeth cleaning. The injured worker's dentition exam noted. The injured worker was recommended to use a night guard for bruxism and a home exercise program for temporomandibular joint pain. The requested dental care for the injured worker was denied on 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental /TMJ consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pin Procedure Summary last updated 05/15/2014; regarding Evaluation and management (E&M) outpatient visits

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, Dental Trauma

Decision rationale: In review of the clinical documentation provided, the requested Dental and temporomandibular joint consultation would not be supported as medically necessary per current evidence based guideline recommendations. The 07/23/14 report did recommend the use of a night guard and a home exercise program for the injured worker's bruxism and temporomandibular joint complaints. There is no indication from the records to support that these recommended conservative treatments have failed to support further evaluation of these conditions. Per current evidence based guidelines, an appropriate treatment plan after an injury is important for a good prognosis which has been established and there is no indication that the prior recommendations have failed. As such, the request is not medically necessary.

Dental x-rays (full mouth): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pin Procedure Summary last updated 05/15/2014; regarding Evaluation and management (E&M) outpatient visits

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, Dental Trauma

Decision rationale: In review of the clinical documentation provided, the requested dental X-rays would not be supported as medically necessary per current evidence based guideline recommendations. The 07/23/14 report did recommend the use of a night guard and a home exercise program for the injured worker's bruxism and temporomandibular joint complaints. There is no indication from the records to support that these recommended conservative treatments have failed to support further evaluation of these conditions. Per current evidence based guidelines, an appropriate treatment plan after an injury is important for a good prognosis which has been established and there is no indication that the prior recommendations have failed. As such, the request is not medically necessary.

Oral facial pictures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pin Procedure Summary last updated 05/15/2014; regarding Evaluation and management (E&M) outpatient visits

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, Dental Trauma

Decision rationale: In review of the clinical documentation provided, the requested Oral facial pictures would not be supported as medically necessary per current evidence based guideline recommendations. The 07/23/14 report did recommend the use of a night guard and a home exercise program for the injured worker's bruxism and temporomandibular joint complaints. There is no indication from the records to support that these recommended conservative treatments have failed to support further evaluation of these conditions. Per current evidence based guidelines, an appropriate treatment plan after an injury is important for a good prognosis which has been established and there is no indication that the prior recommendations have failed. As such, the request is not medically necessary.

Diagnostic study models: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pin Procedure Summary last updated 05/15/2014; regarding Evaluation and management (E&M) outpatient visits

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, Dental Trauma

Decision rationale: In review of the clinical documentation provided, the requested diagnostic study models would not be supported as medically necessary per current evidence based guideline recommendations. The 07/23/14 report did recommend the use of a night guard and a home exercise program for the injured worker's bruxism and temporomandibular joint complaints. There is no indication from the records to support that these recommended conservative treatments have failed to support further evaluation of these conditions. Per current evidence based guidelines, an appropriate treatment plan after an injury is important for a good prognosis which has been established and there is no indication that the prior recommendations have failed. As such, the request is not medically necessary.