

Case Number:	CM14-0164936		
Date Assigned:	10/10/2014	Date of Injury:	03/05/2000
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation 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 patient is a 56 years old female with an injury date on 03/25/2000. Based on the 06/19/2014 progress report provided by [REDACTED], the diagnoses are:1. Capsulitis2. Facial Pain3. Headache4. Shoulder painAccording to this report, the patient complains of chronic jaw pain, facial pain, pain when chewing, jaw joint locking, limited ability to open month, and headaches. Physical exam reveals that the mandibular range of motion is "not within normal ranges." Pain and inflammation are noted at the facial, cervical muscles, and temporomandibular joint. The oral airway and sleep evaluation reveals: hypertrophies pharyngeal tonsil, palate-glossus and palate-pharyngeal walls with a Mallampati classification of 3. "There is reported grinding of teeth, scalloping of the tongue and tori." "The uvula is elongated, enlarged and obstructed airway, soft palate loss of tone, appears to obstruct airway and is low draping. The patient has episodes of gasping or choking and experience interrupted or stopped breathing during sleep."There were no other significant findings noted on this report. The utilization review denied the request on 09/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/05/2014 to 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NIGHT ORAL APPLIANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL GUIDELINE CLEARINGHOUSE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)) knee and leg chapter, durable medical equipment

Decision rationale: According to the 06/19/2014 report by [REDACTED] this patient presents with chronic jaw pain, facial pain, pain when chewing, jaw joint locking, limited ability to open mouth, and headaches. The treater is requesting 1 night oral "orthopedic" appliance "to decompress the inflamed tissue, reduce adverse joint loading and allow healing." Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested night oral "orthopedic" appliance does serve a specific medical purpose. Recommendation is for authorization.

1 DAY ORAL APPLIANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL GUIDELINE CLEARINGHOUSE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter, durable medical equipment.

Decision rationale: According to the 06/19/2014 report by [REDACTED] this patient presents with chronic jaw pain, facial pain, pain when chewing, jaw joint locking, limited ability to open mouth, and headaches. The treater is requesting 1 day oral "orthopedic" appliance "to decompress the inflamed tissue, reduce adverse joint loading and allow healing." Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. In this case, the requested day oral "orthopedic" appliance does serve a specific medical purpose. Recommendation is for authorization.

UNKNOWN LASER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127

Decision rationale: According to the 06/19/2014 report by [REDACTED] this patient presents with chronic jaw pain, facial pain, pain when chewing, jaw joint locking, limited ability to open mouth, and headaches. The treater is requesting unknown laser. Regarding laser, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, the requested "laser" cannot be considered as it is vague and general. The treater must identify what "laser" he is requesting before the request can be considered. Recommendation is for denial.