

Case Number:	CM14-0034067		
Date Assigned:	06/20/2014	Date of Injury:	08/10/2005
Decision Date:	08/20/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/17/2014

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 that this is a 52-year-old female involved in an cumulative trauma industrial injury while working for [REDACTED]. AME report of [REDACTED] dated February 4, 2013, under physical examination page 5 of his report indicates "pain over the TMJ joint with some decreased ability to open her jaw and to open her jaw from side to side as this did cause subjective pain." [REDACTED] diagnosed her with fibromyalgia syndrome. [REDACTED] report dated November 4, 2013 indicates flare-up of chronic fibromyalgia and flare-up of chronic TMJ syndrome, myofascial pain syndrome with trigger points in the neck, sleep disorder. Patient was instructed to start physical therapy program. The records provided does not include any reports from [REDACTED], the requesting dentist. [REDACTED] is requesting cold laser therapy three times a week for three weeks for TMJ.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Laser Therapy sessions 3 times a week for 3 weeks (QTY: 9.00) for TMJ: Upheld

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

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. PMID:12403182 Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: In this case, there is no recent documentation from the requesting Dentist Dr Salo of this patient's current TMJ complaints, TMJ clinical examination with objective findings including oral examination and/or TMJ x-rays to support the requests. Absent are further detailed documentation and a clear rationale, thus the medical necessity for this request is not evident. This IMR reviewer finds that Cold Laser Therapy sessions 3 times a week for 3 weeks (QTY: 9.00) for TMJ is not medically necessary at this time.