

Case Number:	CM14-0050864		
Date Assigned:	08/08/2014	Date of Injury:	03/03/2010
Decision Date:	11/17/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/18/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 44 year-old with a date of injury of 03/03/10. A progress report associated with the request for services, dated 03/12/14, identified subjective complaints of right jaw pain. This was believed to be a complication from intubation. Objective findings included tenderness to palpation of the jaw. Maximum opening of the mouth was limited to 32 mm. Diagnoses included disc displacement secondary to acute trauma. Treatment had included medications. A Utilization Review determination was rendered on 04/07/14 recommending non-certification of "Temporomandibular Joint Syndrome (TMJ) Fixation Device; Application of Interdental Fixation; TENS 15 Minute Increments x 10 Treat Muscles; E-Stim of 15 Minute Increments x 10; Computer Measurements of Muscles of Mastication Dysfunction; Range of Motion Measurements Report; and Manual Muscle Testing". The specific RFA for the request was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temporomandibular Joint Syndrome (TMJ) fixation device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Dental Policy Bulletins 019, and on the Non-MTUS <http://emedicine.medscape.com/article/1143410>

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: UpToDate: Temporomandibular Disorders in Adults; www.BCBSMS.com (TMJ Dysfunction)

Decision rationale: Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines (ODG) addresses TMJ fixation devices. Authoritative references note that treatment of TMJ disorders should include education and self-care (relaxation and stress; self-monitoring of symptoms; supervised reinforcement of jaw exercises) aimed at improving pain and function. They also note that occlusal splints (intra-oral removable prosthetic devices) are indicated for TMJ pain clearly attributed to bruxism. In this case, the above initial interventions have not been documented. Likewise, sources and Guidelines do not endorse the use of a TMJ fixation device based on the patient's diagnosis.

Application of Interdental Fixation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Dental Policy Bulletins 019

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: UpToDate: Temporomandibular Disorders in Adults; www.BCBSMS.com (TMJ Dysfunction)

Decision rationale: Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines (ODG) addresses interdental fixation devices. Authoritative references note that treatment of TMJ disorders should include education and self-care (relaxation and stress; self-monitoring of symptoms; supervised reinforcement of jaw exercises) aimed at improving pain and function. They also note that occlusal splints (intra-oral removable prosthetic devices) are indicated for TMJ pain clearly attributed to bruxism. In this case, the above initial interventions have not been documented. Likewise, the specific type of interdental fixation device is not specified and the use of an interdental fixation device is not recommended based on the patient's diagnosis.

TENS 15 Minute Increments x 10 Treat Muscles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/400_299/0229.html,
http://www.aetna.com/cpb/medical/data/200_299/0229.html,
http://www.aetna.com/cpb/medical/data1_99/0011.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that a one month trial of TENS is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include:- Neuropathic pain- CRPS I and II- Phantom limb pain- Spasticity- Multiple sclerosisFor chronic intractable pain from these conditions, the following criteria must be met:- Documentation of pain for at least three months duration.- Evidence that other appropriate pain modalities have been tried (including medication) and failed.- A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function.- Other ongoing pain treatment should also be documented during the trial period including medication usage.- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.In this case, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Also, it is not being requested for an indication listed above. Therefore, there is no documented medical necessity for TENS therapy.

E-Stim of 15 minute increments x 10: Upheld

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

http://www.aetna.com/cpb/medical/data/400_299/0229.html

http://www.aetna.com/cpb/medical/data/200_299/0229.html

http://www.aetna.com/cpb/medical/data1_99/0011.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-121.

Decision rationale: Muscular electrical stimulation (E-Stim) is a type of transcutaneous electrical therapy. The California Medical Treatment Utilization Schedule (MTUS) states that transcutaneous electrical therapy may be recommended for certain conditions. A one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include:- Neuropathic pain- CRPS I and II- Phantom limb pain- Spasticity- Multiple sclerosisFor chronic intractable pain from these conditions, the following criteria must be met:- Documentation of pain for at least three months duration.- Evidence that other appropriate pain modalities have been tried (including medication) and failed.- A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function.- Other ongoing pain treatment should also be documented during the trial period including medication usage.- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.The MTUS also states that neuromuscular electrical stimulation is not recommended. It is used primarily for rehabilitation following stroke and there is no evidence to support its use in chronic pain. Therefore, there is no documented medical necessity for electrical stimulation (E-Stim) therapy.

Computer measurements of muscles of mastication dysfunction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/1_99/0029.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Computerized Muscle Testing www.bcbst.com

Decision rationale: Neither the MTUS nor Official Disability Guidelines (ODG) specifically addresses computerized measurements of muscle dysfunction. However, a similar test is addressed in the ODG related to computerized muscle testing. They note that the extremities have the advantage of comparison to the other side and therefore can be determined clinically. They suggest it would be an unneeded test. Other insurers have deemed this procedure investigational. Due to the ability to adequately determine muscle dysfunction on physical examination, the record does not document the medical necessity for computerized measurement of mastication muscle dysfunction.

Range of motion measurements report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/100_199/0112.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Computerized Muscle Testing

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) lists range-of-motion as a functional improvement measure. However, it does not require computerized testing and typically range-of-motion is determined on physical examination. The claimant's range-of-motion was not documented at all during the encounter but was done so during physical therapy. Neither the MTUS nor Official Disability Guidelines (ODG) specifically addresses computerized measurements of range-of-motion. However, a similar test is addressed in the ODG related to computerized muscle testing. They note that the extremities have the advantage of comparison to the other side and therefore can be determined clinically. They suggest it would be an unneeded test. Due to the ability to adequately determine range-of-motion on physical examination, there is no documented medical necessity for range-of-motion testing as requested.

Manual muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/100_199/0112.html

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: www.BCBSMS.com (TMJ Dysfunction)

Decision rationale: Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines (ODG) addresses manual muscle testing. Authoritative references do note that muscle testing is investigational in the diagnosis of TMJ. Therefore, the medical record does not document the medical necessity for muscle testing.