

<b>Case Number:</b>	CM14-0061248		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/04/1994
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 licensed 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:

The injured worker is a seventy year old female who sustained a work related injury on February 4, 1994 consisting of the neck, back, hand , and trauma to her temporomandibular joint disorder. The result of injury pertaining to this review showed worsening TMJ bilaterally. Per the progress report dated August 7, 2014, the injured worker was also experiencing right sided temporomandibular joint disorder pain as well as headaches and significantly increased bilateral right greater than left neck pain. Diagnosis include chronic pain syndrome, degenerative disc disease lumbar, lumbosacral radiculitis, cervicgia, myalgia, and myositis, headache, temporomandibular joint disorder, knee pain, facet arthropathy, depression, cervical stenosis, shoulder pain, and chronic pain due to trauma. Progress report dated October 7, 2014 noted the injured worker had received a device for temporomandibular joint disorder and would need futher visits for assistance with the device. Per the report dated March 14, 2014, the injured worker had been in a car accident and states that since then her craniomandibular appliance does not fit well. The appliance had been sent back to the laboratory for modification of the bite and lifts, and reinserted and re articulated the modified appliance. Utilization review dated April 7, 2014 non certified additional 6-8 office visits and an orthodontist referral due to the lack of documentation showing ongoing medical necessity after the aforementioned temporomandibular joint distraction/manipulation/mobilization times six visits. UR Report dated 04/7/14 states: While the claimant has persistent symptoms related to temporomandibular joint disorder, the claimant has been certified for TMJDistraction/Manipulation/Mobilization x 6 visits. Further treatments including additional office visits will require documentation of ongoing medical necessity after theaforementioned TMJ Distraction/Manipulation/Mobilization x 6 visits.The claimant described a fall injury in 2004 and avulsed teeth #s 6 and 7. The two upper anterior teeth got dislodged out of their original position and are now pushed sideways creating a

malocclusion that requires correction. The provider recommends referral to an orthodontist for correction of tooth position/bite following the 2004 fall injury with avulsion of teeth #8 6 and 7.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional 6-8 Office Visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Since this patient has already been certified for TMJ Distraction/ Manipulation/Mobilization x 6 visits, further treatments including additional office visits will require documentation of ongoing medical necessity after the aforementioned TMJ Distraction/Manipulation/Mobilization x 6 visits. The request is not medically necessary and appropriate.

**Orthodontist Referral:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise.

**Decision rationale:** Since teeth #s 6 and 7 got dislodged out of their original position and are now pushed sideways creating a malocclusion which requires correction, this IMR reviewer finds this request of referral to orthodontist to be medically necessary to address this patient's dental injury. The request is medically necessary and appropriate.