MAXIMUS Federal Services

Case Number:	CM14-0064022		
Date Assigned:	07/11/2014	Date of Injury:	09/22/2007
Decision Date:	08/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 a licensed Dentist 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 year old female, involved in an industrial injury when she slipped and fell forwards. The report dated 12/20/2013, list diagnoses as: 1)Traumatic injury to teeth, 2) Myofascial pain, 3)Parafunctional activities such as clenching bruxism, 4) Internal derangement of TMJ. AME recommends Intraoral appliance and future adjustments or even after 3-5 years appliance may need to be replaced. Per the UR report, AME Dental and TMJ evaluation on 10/11/2012 notes that this patient complains of grinding the teeth, migraine, and stress. The patient needs to have crowns done on the implants. lower left area. There is slight occlusal wear on mandibular anterior teeth #24 and 25. There is no evidence of xerostomia. Patient has moderate tenderness of the right TMJ muscle. AME notes that patient needs a night guard, which covers all the teeth either for upper or lower arch and recommends physical therapy, and possible trigger point injections with tooth #19 to be restored on an industrial basis. AME Dental and TMJ evaluation on 01/02/2014 notes that this patient has no caries on any of her teeth on industrial basis. Since the patient was having some of her teeth restored on industrial basis the patient's prophylaxis (dental cleaning) should be covered under industrial basis. Per the UR report, the treating dentist progress report dated 04/10/2014 notes that this patient has 30mm inter incisal opening, 5 mm right lateral excursion, and 3 mm left lateral excursion. Orthotic adjustment was done today for both day and night appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up dental Visits x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure last updated 04/10/2014.

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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol2011 Jul; 82(7):943-9. [133 references]Periodontal Evaluation.

Decision rationale: Based on the medical records provided for review, the dental provider has not described this patient's current dental problems and clinical findings and diagnosis that would justify the need for 12 visits. Therefore the request for 12 dental visits is not medically necessary and appropriate.

Temporomandibular Joint Syndrome (TMJ) Splint Adjustment: Overturned

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: Medscape reference: Temporomandibular Disorders Treatment & Management. Author: Charles F Guardia III, MD; Chief Editor: Robert A Egan, MD" Occlusal splints.

Decision rationale: According to the medical evidence listed above, "These are known as nightguards, bruxism appliances, or orthotics. Various kinds of splints are available and can be classified into 2 groups--anterior repositioning splints and autorepositional splints. Physiologic basis of the pain relief provided by splints is not well understood. Factors such as alteration of occlusal relationships, redistribution of occlusal forces of bite, and alteration of structural relationship and forces in the temporomandibular joint (TMJ) seem to play some role." In this case the AME recommends Intraoral appliance and future adjustments for this patient's occlusal splint to manage this patient's TMJ syndrome. Therefore, the request for TMJ splint adjustment is medically necessary and appropriate.

TENS Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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: Medscape referenfe: Temporomandibular Disorders Treatment & Management. Author: Charles F Guardia III, MD; Chief Editor: Robert A Egan, MD.

Decision rationale: Per Medscape reference provided above, "Transcutaneous electronic nerve stimulation: Electronic stimulation of superficial nerve fiber overrides the pain input from mastication muscles and TMJ, causing release of endogenous endorphins. In some patients it provides longer duration of pain relief than the time during which the stimulation is actually applied." Therefore, the request for a Tens unit is medically necessary and appropriate.

Deep Scaling x4 Quad: 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: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol2011 Jul; 82(7):943-9. [133 references]Periodontal Evaluation.

Decision rationale: According to the medical evidence listed above "A comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient regarding his/her chief complaint, medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites."Per [redacted] RFA form dated 14/17/14, he is requesting Deep scaling every 3 months during active treatment. After the patient receives one (1) course of Deep scalingx4 quadrants, patient should be re-evaluated. There are no documents indicating the reasoning, diagnosis, and clinical findings why this patient needs deep scaling every 3 months. Therefore, the request for deep scaling, quantity 4 quads every 3 months (for an unspecified amount of time) is not medically necessary and appropriate.