

Case Number:	CM14-0083182		
Date Assigned:	07/21/2014	Date of Injury:	02/26/2013
Decision Date:	08/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/04/2014

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 Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on February 26, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 8, 2014 is difficult to read. Another note dated May 2, 2014, indicates that there are ongoing complaints of anxiety and irritability. No particular physical examination was performed. The treatment plan included cognitive behavioral group psychotherapy, relaxation training, and psychiatric treatment. Diagnostic EMG studies indicated elevated muscular activity, in coordination, and aberrant function of the facial musculature. A request had been made for cranial mandibular exercises, neuromuscular reeducation, orthotic training and a facial muscular reprogrammer and was not certified in the pre-authorization process on March 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Craniomandibular exercises x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Temporomandibular Disorders and Occlusion, Okeson 10th edition, Chapter 10: Diagnosis of temporomandibular disorders. Chapter 11: General considerations in the treatment of temporomandibular disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Physical Therapy, Updated June 9, 2014.

Decision rationale: According to the previous utilization management review there was a conversation with the requesting physician and a detailed dental report. This report indicated that the injured employee had sustained an internal derangement of the left temporomandibular joint and stated that cranial mandibular exercises are not medically necessary and not appropriate for this condition. Therefore, this request for cranial mandibular exercises is not medically necessary.

Neuromuscular re-education: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Temporomandibular Disorders and Occlusion, Okeson 10th edition, Chapter 10: Diagnosis of temporomandibular disorders. Chapter 11: General considerations in the treatment of temporomandibular disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Physical Therapy, Updated June 9, 2014.

Decision rationale: According to the previous utilization management review there was a conversation with the requesting physician and a detailed dental report. This report indicated that the injured employee had sustained an internal derangement of the left temporomandibular joint and stated that neuromuscular re-education exercises are not medically necessary and not appropriate for this condition. Therefore, this request for neuromuscular reeducation exercises is not medically necessary.

Orthotic training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Temporomandibular Disorders and Occlusion, Okeson 10th edition, Chapter 10: Diagnosis of temporomandibular disorders. Chapter 11: General considerations in the treatment of temporomandibular disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Physical Therapy, Updated June 9, 2014.

Decision rationale: According to the previous utilization management review there was a conversation with the requesting physician and a detailed dental report. This report indicated that the injured employee had sustained an internal derangement of the left temporomandibular joint and stated that orthotic instructions are not medically necessary and appropriate for this condition. Therefore, this request for orthotic training is not medically necessary.

Facial muscular reprogrammer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Temporomandibular Disorders and Occlusion, Okeson 10th edition, Chapter 10: Diagnosis of temporomandibular disorders. Chapter 11: General considerations in the treatment of temporomandibular disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Physical Therapy, Updated June 9, 2014.

Decision rationale: According to the previous utilization management review there was a conversation with the requesting physician and a detailed dental report. This report indicated that the injured employee had sustained an internal derangement of the left temporomandibular joint and stated that neuromuscular reeducation is not medically necessary and not appropriate for this condition. Therefore this request for neuromuscular reeducation is not medically necessary.