MAXIMUS Federal Services

Case Number:	CM14-0194177		
Date Assigned:	12/01/2014	Date of Injury:	08/29/1994
Decision Date:	01/30/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 58-year-old female who reported injury on 08/29/1994. The injury reportedly occurred when at work a shelf popped out of a slot and struck the injured worker underneath the right side of the jaw, resulting in dental injury. She was diagnosed with TMJ disorder, right more than left. Her past treatments were noted to include heat and cold packs, and surgery. Her surgical history was noted to include TMJ surgery performed in 1996. The most recent note provided dated 08/20/2013. The injured worker reported right jaw joint pain and headaches. The injured worker indicated she feels like she is "grinding and clenching her teeth." Upon physical examination, it was noted she had 15 mm of maximum opening of her mouth, clicking on the left side, deviation to the right of jaw opening, tenderness to palpation and a slight dip in her bite. Her current medications were not provided at the time. The treatment plan was noted to include heat and cold packs, physical therapy, MRI of the TMJ, and Botox injection. A request was received for TMJ surgery and possible Botox injections. The treating physician indicated the TMJ surgery may be beneficial and the Botox injections would help with muscle hyperactivity. A Request for Authorization was received on 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMJ Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, TMJ Surgery.

Decision rationale: The request for TMJ surgery is not medically necessary. The Official Disability Guidelines do not recommend for temporomandibular disorders. The clinical information submitted for review did not provide recent clinical documentation providing the injured worker's current objective physical findings. Additionally, the guidelines do not recommend for temporomandibular disorders, and the injured worker is diagnosed with temporomandibular joint disorder (TMJ). Given the above information, the request is not supported by the guidelines. As such, the request for TMJ surgery is not medically necessary.

Possible Botox injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox;Myobloc) Page(s): 25-26.

Decision rationale: The request for Possible Botox injections is not medically necessary. The California MTUS do not recommend for chronic pain disorders, but recommended for cervical dystonia. The clinical documentation submitted for review does not indicate that the injured worker is diagnosed with cervical dystonia. Additionally, a most recent note was not provided to determine the injured workers most recent diagnosis. Given the above information, the request is not supported by the guidelines. As such, the request for possible Botox injections is not medically necessary.