

Case Number:	CM14-0196112		
Date Assigned:	12/04/2014	Date of Injury:	09/08/2003
Decision Date:	01/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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:

Records reviewed indicated that this is a 66 year old female with an industrial date of injury on 09/08/2003. Patient underwent TMJ repair on 06/24/2011. It is noted that per AME dental [REDACTED], TMJ is industrial. Requesting [REDACTED] DDS, MD, FACS PR2 report dated 10/16/14 states: Subjective complaints: Constant jaw pain, cracking/crunching, migraines with aura and tension headaches from pain in bilateral jaws. Difficulty in chewing due to post-operative malocclusion. Bilateral tinnitus with ear pain- increases with chewing and talking. Shooting pain from bottom of jaw line into ears when eating/talking. Salivary glands are painful to touch. Dry mouth. Decreased range of motion. Objective Findings: TMJ X-ray of 10/23/12 from [REDACTED]-significant erosive changes to right and left condyles since surgery of 06/24/11. CT scan Moderate to severe left and moderate right degenerative changes of the TM joints with decreased ROM. OP report dated 06/24/11 from [REDACTED] - bilateral Temporomandibular joint arthroplasty with debridement meniscectomy. [REDACTED] PR2 report dated 09/23/14, recommending surgeon's tx plan for surgery- vertical ramus osteotomy due to NO MENISCUS BILATERALLY and [REDACTED] states [REDACTED] is ready to be evaluated for recommended jaw surgery. Treatment Plan: [REDACTED] has been undergoing orthodontic treatment for post op malocclusion. Has progressed well and is now ready for evaluation for jaw surgery. Authorization for bilateral jaw surgery -Vertical Ramus Osteotomy, DX; moderate to severe left and moderate right degenerative changes of the TM joints with decreased range of motion. Meniscus was removed on prior surgery of 06/24/11. She has done extensive conservative treatment with physical therapy after initial surgery, Botox injections bilaterally for pain, trigger point injections by [REDACTED] for pain and fixed orthodontic appliances (braces).. [REDACTED] is current treating Orthodontist, and agrees with procedure and [REDACTED] is now ready to proceed with corrective surgery. Requesting [REDACTED] DDS, MD, FACS

dictation dated 10/16/14 states: Impression: Malocclusion secondary to intubation difficulties at an earlier surgery. She states that she has had some 41 operations. The malocclusion she had is relegated to that by history, but it could have been something else, but she does have the malocclusion with shifting of the mandible to the right when left free. Plan: Vertical ramus osteotomies with stable fixation for 12-14 days, then elastic training. The good that should come from this is: 1. Reduction in Temporomandibular joint pain.2. Tension and torquing of the temporalis as well as masseter muscles and the internal pteryoids.3. The better ability to chew without pain, in other words function of the masticatory apparatus. [REDACTED], Orthodontist PR2 hand written report dated 12/17/14 (very difficult to read) states: increased jaw pain increase in bilateral tinnitus, biting left lower lip when eating or talking. Crunching cracking - bite feels off. Teeth are painful. Bilateral piercing pain when bottom of jaw is touched beneath the ears. Weight loss 42 pounds from May 2014 to Oct 2014 difficulty chewing. Malocclusion patient is biting heavy unilaterally. AME report of [REDACTED] DMD dated 12/05/14 states: I would recommend that [REDACTED] have her orthodontic treatment completely finished with [REDACTED] including the placement and use of upper and lower orthodontic retainers, and after any additional surgeries are completed, before she is scheduled to have me re-evaluate her. 06/05/14 CT of Maxillofacial W/O report under impression states: 1. Moderate to severe left and moderate right degenerative changes of the TMJ with decreased range of motion.2. Limited meniscal visualization by this technique, however, marked left and mild right thinning is judged to be present. UR report by [REDACTED] MD dated 11/05/14 states: The patient has complaints of mandibular pain and dysfunction. There is no high quality studies published in peer-reviewed literature supporting the proposed procedure. Without the necessary recommendations from peer-reviewed sources, this request is not indicated. This UR doctor cites Official Disability Guidelines, Head Chapter, and Online Version: TMJ Surgery: Not recommended for Temporomandibular disorders. Temporomandibular joint (TMJ) and muscle disorders are a group of conditions that cause pain and dysfunction in the jaw joint and the muscles that control jaw movement. Surgical treatments are controversial, often irreversible, and should be avoided where possible. There have been no long-term clinical trials to study the safety and effectiveness of surgical treatments for TMJ disorders. Nor are there standards to identify people who would most likely benefit from surgery. Failure to respond to conservative treatments does not mean that surgery is necessary. (Greene, 2010) (NIH,2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral vertical ramus osteotomies & possible maxillomandibular fixation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, TMJ Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Online Version: TMJ Surgery Not recommended for temporomandibular disorders. Temporomandibular joint (TMJ) and muscle disorders are a group of conditions that cause pain and dysfunction in the jaw joint and the muscles that control jaw movement. Surgical treatments are controversial, often

irreversible, and should be avoided where possible. There have been no long-term clinical trials to study the safety and e

Decision rationale: Vertical ramus osteotomies & possible maxillomandibular fixation procedures are found to be not medically necessary at this time. Per ODG Guidelines, TMJ Surgery Not recommended for Temporomandibular disorders and surgical treatments are controversial, often irreversible, and should be avoided where possible. There have been no long-term clinical trials to study the safety and effectiveness of surgical treatments for TMJ disorders. Nor are there standards to identify people who would most likely benefit from surgery. Failure to respond to conservative treatments does not mean that surgery is necessary. Also, per Medscape reference cited above, Vertical Ramus osteotomy was not mentioned as a treatment of choice for the treatment of TMJ disorders.