

Case Number:	CM14-0196999		
Date Assigned:	12/05/2014	Date of Injury:	10/29/2010
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
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 Board Certified 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 indicate that this patient is 61-year old male with a date of injury of 10/29/2010, when he fell from 18' striking head, face, teeth mandible, resulting in avulsion of two front teeth #8 & #9, TMJ blunt force trauma with internal derangement with residual chronic pain, Capsulitis synovitis and facial myalgia involving trauma to face and sutures to lip. Requesting dentist which also acted as an [REDACTED] report dated 10/30/13 states: I find the facial trauma and resulting craniomandibular and dental issues AOE/COE. I recommend dental treatment on an industrial basis. According to [REDACTED] [REDACTED] evaluation on 10/20/14 reporting clicking noises, grinding noises, and constant pain left temporomandibular joint, frequent bilateral headaches, constant left facial, neck, and shoulder pain; dry mouth from side effects of medication and chronic pain, sleep bruxism/teeth clenching, difficulty chewing hard foods, gastritis/GERD, and trauma to mandible and TMJ on left. Upon evaluation the patient's maximum mouth opening was measured as 45mm with pain in the left TMJ, slight deviation/deflection of the mandible to the left upon opening of the mouth, dry mouth, left clicking and grinding noises of the temporomandibular joint, tenderness of the left temporomandibular joint and external auditory meatus, tenderness with objective active trigger points of the left facial muscles and cervical muscles, avulsed teeth #8 and 9, generalized periodontal issues of teeth #14,17, and 31 which were reported to need extraction now, and buccal mucosal ridging bilaterally. [REDACTED] is requesting :1 lower musculoskeletal trigeminal device2 Valplast partial denture replacing teeth #8 and #9Unknown TMJ treatmentUR report dated 11/04/14 states:"Proceeding with 1 lower musculoskeletal trigeminal device does not appear medically warranted at this time. The provider clarified per a signed response dated 10/30/14 that he was requesting a modified herbst type oral appliance. This type of device is utilized for management of sleep disorders A review of available

documentation does not note that he has been diagnosed with obstructive sleep apnea. Guidelines only support the use of oral appliances for the treatment of obstructive sleep apnea. Furthermore, the patient has been diagnosed with sleep bruxism/clenching which can damage or break this type of device. Proceeding with use is not warranted in this case. Therefore, based on the aforementioned, the prospective request for 1 lower musculoskeletal trigeminal device is non-certified. Proceeding with certification of the request for unknown TMJ treatment is not medically warranted. The provider clarified in his signed response dated 10/30/14 that the lower TMJ appliance is a modified herbst type which has been addressed above. As no other treatment for the TMJ was specified at this time, proceeding with certification of the request for unknown treatment is not warranted. Therefore, the prospective request for unknown TMJ treatment is non-certified. Valplast partial denture because RFA and preauthorization requested one not two. Proceeding with 1 Valplast partial denture replacing teeth #8 and #9 appears medically warranted at this time. Documentation notes that the patient has avulsed teeth at location #8 and 9. Guidelines support the use of partial dentures for dental treatment. Therefore, based on the aforementioned discussion., the prospective request for 1 Valplast partial denture replacing teeth #8 and #9 is certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lower musculoskeletal trigeminal device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics Guidelines 2008 Mar 31 page 60

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: Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome

Decision rationale: Per Medical reference cited above, the treatment of MPD syndrome has been outlined and separated into four stages of patient management. The first stage includes psychologic, home therapy, diet management, and the use muscle relaxants and NSAIDS to alleviate pain and muscle spasm. [REDACTED] has stated in his report dated 12/16/14 that stage I TMD conservative treatment has failed for this patient. Per medical reference cited above, for those whose symptoms persist, stage 2 therapies is initiated. Home therapy and medications are continued, but at this point, a bite appliance is made for the patient. Although numerous types have been used, the Hawley-type maxillary appliance is probably most effective because it prevents contact of the posterior teeth and thereby also prevents most forms of parafunctional activity. Generally, the appliance is worn at night, but it can be worn for 5 to 6 hours during the day if necessary. It should not be worn continuously because the posterior teeth may supraerupt in some patients. Therefore this IMR reviewer finds this request for musculoskeletal trigeminal device medically necessary to treat this patient's TMD condition, which is industrially related. As reference in medical article mentioned above, stage 2 of TMD treatment includes bite appliances. However, this reviewer is recommending the Hawley-type

appliance, since it has been recommended by [REDACTED] in the reference cited above. The 1 lower musculoskeletal trigeminal devices is medically necessary.

Unknown TMJ treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics Guidelines 2008 Mar 31 page 60

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome

Decision rationale: This is a vague request for TMJ treatment. Absent specific treatment plan, with clear rationale, this IMR reviewer finds this request for TMJ Treatment to be medically unnecessary. This IMR reviewer will reconsider this request once a specific TMD treatment plan has been recommended. The Unknown TMJ treatment is not medically necessary.

2 Valplast partial denture replacing teeth #8 and #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Health Partners Dental Group and Clinics Guidelines 2008 Mar 31 page 60

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Head(updated 06/04/13)

Decision rationale: Due to the findings of the AME dentist of avulsed teeth #8 & #9 from an industrial accident and trauma to patient's face, this IMR reviewer finds this request for 2 Valplast partial dentures replacing teeth #8 and #9 to be not medically necessary to treat this patient's dental condition. Per ODG Head cited above, " dentures.....would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury." Therefore this reviewer finds that ONE Valplast partial denture is necessary and adequate to replace this patients teeth #8 and #9. TWO Valplast dentures are not medically necessary.