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| Case Number: | CM15-0002936 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 05/08/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

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 was involved in an industrial accident on 05/06/2014, sustaining a fall injury to the head, face jaw and neck and suffered a left sided medially displaced condylar neck fracture. Patient has been diagnosed with Jaw sprain and knee sprain. Patient complains of slight to moderate pain in the facial and mandibular regions when attempting to open her mouth with slight to moderate restrictions occasional slight clicking and occasional moderate pain in her jaw joints when opening her mouth. Treating dentist has also diagnosed patient with altered dental occlusal bite resulting from a post osseous left condylar fracture, moderate articular cartilage disorder, cephalgia, synovitis of the TMJ bilateral, capsulitis of the TMJ, moderate temporal tendinitis, moderate TMJ strain bilateral, and moderate myofascial pain dysfunction. Due to patient's altered dental occlusal bite relationship resulting from the fracturing of her left jaw joint condylar region, dentist is recommending orthodontic treatment to rectify her malocclusion condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive orthodontic treatment for 18-24 months treatment time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Dental policy bulletin #14 (updated 1/1/13), and Medicaid dental services coverage handbook (updated 1/1/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2)

Decision rationale: Records reviewed indicate that patient has altered dental occlusal bite resulting from a post osseous left condylar fracture, Per ODG reference mentioned above, "repositioning impacted teeth, would be options to promptly repair injury to sound natural teeth required as a result of, and directly related to, an accidental injury". Even though orthodontic treatment maybe medically necessary for this patient at this time, but a nonspecific orthodontic treatment for 18-24 months is not medically necessary. There is no clear and specific orthodontic treatment request is documented and a periodic dental re-evaluations must be performed to determine any ongoing needs. Therefore, this reviewer finds this request not medically necessary at this time.