

<b>Case Number:</b>	CM15-0104104		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 9/23/11. He reported a head injury following a fall from a ladder. The injured worker was diagnosed as having TMJ syndrome, bruxism and neck injury with joint stiffness. Treatment to date has included wrist surgery with hardware removal and decompression of entrapped nerves, TENS unit, TMJ splint, physical therapy, behavioral therapy and oral medications. Currently, the injured worker complains of continued pain in neck shoulder, lumbar area and arms and restricted range of motion of jaw. Physical exam noted restricted range of motion of jaw. A request for authorization was submitted for mandibular splint and 12 splint adjustments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Mandibular splint, lower:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

**Decision rationale:** Records reviewed indicate patient diagnosed as having TMJ syndrome, bruxism. Patient reports pain level of 4/10 and is not much improved. He has difficulty falling asleep and awakens during the night and does not feel rested in the morning. His blood pressure is 137/97 and there is restricted jaw range of motion. Treating dentist is recommending one mandibular splint, lower, and 12 MN splint adjustments. Per reference mentioned above, regarding treatment of TMJ, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Since this patient has been diagnosed with bruxism and TMJ syndrom, this reviewer finds one intraoral device to be medically necessary to treat this patient's TMJ condition. However, according to UR report dated 05/19/15, upper and lower splint therapy along with 12 splint adjustments was previously certified on 05/11/15. Therefore, this reviewer finds this additional request for lower mandibular splint not medically necessary.

**Twelve MN splint adjustments:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

**Decision rationale:** Records reviewed indicate patient diagnosed as having TMJ syndrome and bruxism. Patient reports pain level of 4/10 and is not much improved. He has difficulty falling asleep and awakens during the night and does not feel rested in the morning. His blood pressure is 137/97 and there is restricted jaw range of motion. Treating dentist is recommending one mandibular splint, lower, and 12 MN splint adjustments. According to UR report dated 05/19/15, 12 splint adjustments were previously certified on 05/11/15. Therefore, this reviewer finds this additional request for Twelve MN splint adjustments not medically necessary.