

<b>Case Number:</b>	CM15-0149372		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 54 year old female, who sustained an industrial injury on 8-15-14 Initial complaints were the result of a fall hitting the back of her head on concrete. The injured worker was diagnosed as having closed head injury with 2 concussions; post-concussion syndrome with cognitive impairment; bilateral temporomandibular joint symptoms secondary to head trauma. Treatment to date has included balance therapy; acupuncture; medications. Currently, the PR-2 notes dated 7-6-15 indicated the injured worker was seen on this date for an orthopedic evaluation. She has had constant headaches and dizziness with increased visual blurring. She has hearing difficulties initially with ringing in her ears, she has decreased short-term memory, some lapses of attention, takes longer to complete a task, and trouble multitasking. She is irritable with a short fuse. Headaches are one to two times a week now over the temples and last a few hours. She takes Naprosyn for them. Acupuncture is reported six sessions for her neck and back but no more were authorized with the last treatment in 12-2014. She had balance therapy that made her condition worse after three sessions. She does not know when her last treatment for balance was. She reports to have had bilateral hip replacements four years ago. And she has had six left knee surgeries reported. A physical examination is documented. The provider is recommending a brain type day treatment program concerning her residual effects of her concussion. He is also requesting authorization of Dental consultation for TMJ (temporomandibular joint syndrome) which may reduce her headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dental consultation for TMJ: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. A referral to dental for TMJ is reasonable, and this is not considered a request for surgical treatment. The request for dental consultation for TMJ is determined to be medically necessary.