

Case Number:	CM15-0164662		
Date Assigned:	09/02/2015	Date of Injury:	05/15/2001
Decision Date:	10/13/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/21/2015

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 51 year old female, who sustained an industrial injury on May 15, 2001. She reported falling onto her knees and striking her forehead and face. The injured worker was currently diagnosed as having dry mouth syndrome, TMJ disorder and gingival food impaction. Treatment to date has included diagnostic studies, surgery and medication. Currently, the injured worker complained of popping and locking of both sides of the TMJ joint. Physical examination revealed clicking and popping of joints that were mostly on the left side. Notes stated that the injured worker needed to see a specialist for dry mouth. A request was made for nocturnal polysomnographic study, periodontal scaling (four quadrants) every three months and mandibular orthopedic repositioning device to be replaced as needed by injured worker due to normal wear and tear or if lost.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nocturnal polysomnographic study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter (Online Version) Polysomnography (Sleep Study).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Records reviewed indicate that patient complains of popping and locking of both sides of the TMJ joint. Physical examination revealed clicking and popping of joints that were mostly on the left side. July 22, 15 of requesting dentist states that patient has sleep disturbances and fatigue. A request was made for nocturnal polysomnographic study. However there are insufficient documentation regarding signs and symptoms of sleep disturbances and any attempted behavioral interventions. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer finds this request to be not medically necessary.

Periodontal scaling (4 quadrants) every three months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24197669>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7): 943-9. [133 references].

Decision rationale: Records indicate that patient was diagnosed as having dry mouth syndrome, TMJ disorder and gingival food impaction. Even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request for every 3 month is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis". Therefore, this reviewer finds this request to be not medically necessary.

Mandibular orthopedic repositioning device: to be replaced as needed by patient due to normal wear and tear or if lost: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2605864>.

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 Cranio. 2002 Oct; 20(4): 244-53. Temporomandibular disorder treatment outcomes: second report of a large-scale prospective clinical study. Brown DT, Gaudet EL Jr., PMID: 12403182.

Decision rationale: Records indicate that patient was diagnosed as having dry mouth syndrome, TMJ disorder and gingival food impaction. Dentist is recommending Mandibular orthopedic repositioning device: to be replaced as needed by patient due to normal wear and tear or if lost. UR dentist has approved 1 oral device already. This reviewer finds this request for ongoing replacement of device on an as needed basis to be not medically necessary. Any future replacement must first be documented to medically justify the need. 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) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear.