Case Number:	CM15-0167042		
Date Assigned:	09/08/2015	**Date of Injury:**	10/09/2009
Decision Date:	10/09/2015	**UR Denial Date:**	07/27/2015
Priority:	Standard	**Application Received:**	08/25/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old female with an October 9, 2009 date of injury. A progress note dated July 10, 2015 documents subjective complaints (no significant improvement in pain since last visit; persistent weakness of the left facial musculature), objective findings (pain with palpation of the bilateral mandibular rami and temporomandibular joints, right greater than left; notable left facial weakness of buccal and marginal mandibular branches of the facial nerve; limited in puckering lips and smiling; limited lateral excursive movements), and current diagnoses (temporomandibular joint dysfunction with minimal improvement following steroid injections; degenerative disease of the right temporomandibular joint with severe chronic pain and dysfunction; bilateral myofascial pain disorder of the muscles of mastication; migraine headaches; depression and anxiety mainly secondary to severe chronic head and neck pain). Treatments to date have included right temporomandibular joint surgery in February of 2011 with minimal improvement of symptoms, multiple steroid and Botox injections, splinting, and medications. The treating physician requested authorization for maxillofacial computed tomography without contrast, right temporomandibular prosthetic joint replacement, and right temporomandibular arthroplasty with condylectomy and total prosthetic alloplastic implant reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) Maxillofacial without Contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter Temporomandibular Joint. Gary F. Bouloux. Current Therapy in Oral and Maxillofacial Surgery, Chapter 99, 869-874.

Decision rationale: The patient is a 44-year-old female with a history of trauma to the right jaw. In February of 2011, she underwent right TMJ surgery with discectomy. This is documented not to have improved the patient's symptoms. She is noted to have daily chronic pain and significant TMJ dysfunction. Her examination notes limited maximal incisal opening and severe pain. She has been undergoing extensive conservative management including multiple steroid and Botox injections, multiple splints, physical therapy, psychiatric evaluation, and medical management. Previous CT examination from 9/24/14 noted osteoarthritis of the right temporomandibular joint. Bony ankylosis of this joint is not seen but the arthritis is rather marked. As the arthroplasty and implant reconstruction of the right TMJ was considered medically necessary, a CT scan for surgical planning should be considered medically necessary.

Right Temporomandibular Prosthetic Joint replacement: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter Temporomandibular Joint. Gary F. Bouloux. Current Therapy in Oral and Maxillofacial Surgery, Chapter 99, 869-874.

Decision rationale: The patient is a 44-year-old female with a history of trauma to the right jaw. In February of 2011, she underwent right TMJ surgery with discectomy. This is documented not to have improved the patient's symptoms. She is noted to have daily chronic pain and significant TMJ dysfunction. Her examination notes limited maximal incisal opening and severe pain. She has been undergoing extensive conservative management including multiple steroid and Botox injections, multiple splints, physical therapy, psychiatric evaluation, and medical management. Previous CT examination from 9/24/14 noted osteoarthritis of the right temporomandibular joint. Bony ankylosis of this joint is not seen but the arthritis is rather marked. As noted below, Right TMJ arthroplasty and total implant, reconstruction was considered medically necessary. It is unclear the justification for right TMJ prosthetic joint replacement. Based on the documentation, the patient previously had discectomy with silastic pullout. Therefore, there should not be prosthetic material in the joint at this time. In addition, the request is for joint replacement. A prosthetic joint has not been placed at this point, the surgical intervention should be covered from the arthoplasty, and implant reconstruction, as it was deemed medically necessary.

Right Temporomandibular arthroplasty with Condylectomy and Total Prosthetic alloplastic implant reconstruction: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter Temporomandibular Joint. Gary F. Bouloux. Current Therapy in Oral and Maxillofacial Surgery, Chapter 99, 869-874.

Decision rationale: The patient is a 44-year-old female with a history of trauma to the right jaw. In February of 2011, she underwent right TMJ surgery with discectomy. This is documented not to have improved the patient's symptoms. She is noted to have daily chronic pain and significant TMJ dysfunction. Her examination notes limited maximal incisal opening and severe pain. She has been undergoing extensive conservative management including multiple steroid and Botox injections, multiple splints, physical therapy, psychiatric evaluation, and medical management. Previous CT examination from 9/24/14 noted osteoarthritis of the right temporomandibular joint. Bony ankylosis of this joint is not seen but the arthritis is rather marked. Given the patient's severe dysfunction and pain related to a well-documented degenerative disease of the right TMJ and with failure of extensive conservative management and previous right TMJ surgery, right TMJ arthroplasty with condylectomy and total prosthetic alloplastic implant reconstruction should be considered medically necessary. As noted by the UR, this procedure is a salvage procedure when treatments that are more conservative fail. The patient's clinical course has been well documented and she has failed extensive conservative management and previous surgery as well. There is no other treatment that is likely to help correct/treat her dysfunction and pain. Although the patient was not shown to have bony ankylosis from previous radiographic study, fibrous ankylosis is likely given the overall clinical picture. ACOEM does not specifically address TMJ surgery. From the above reference ankylosis is described and treatment discussed: Ankylosis of the TMJ may be defined as fibrous or bony. In either situation, the normal joint anatomy is progressively destroyed and replaced with dense fibrous tissue or bone with a concomitant reduction or loss of joint translation and, ultimately, rotation. Accordingly, the maximal incisal opening (MIO) and lateral excursive movements progressively decrease. The most common causes of ankylosis are trauma, infectious arthritis, autoimmune arthritis, and iatrogenic causes. Fibrous ankylosis is characterized clinically by limited MIO and, when unilateral, reduced lateral excursion toward the unaffected side. Radiographic features of fibrous ankylosis are conspicuous by their absence. Patients with bony ankylosis have no incisal opening or lateral excursions. Panoramic imaging of bony ankylosis will show heterotopic bone formation and no joint space. However, the ankylosis is best imaged with CT. Axial and coronal images are the most informative, although three-dimensional (3D) reconstructed images provide the most detail. For all but the most simple bony ankyloses, fabrication of a stereolithographic model from the CT scan allows the surgeon to assess the anatomy in detail, plan the surgery, and perform it first on the model. The primary objective is to create a functioning joint that allows some combination of joint rotation or translation. Joint-preserving procedures such as arthroplasty may be possible in patients with fibrous ankylosis if the fibrosis is minimal. If the fibrous ankylosis is more extensive or bony, joint preservation becomes challenging and gap arthroplasty may be needed. This can be combined with the use of interpositional autogenous tissue, alloplastic material, or total joint replacement. Total joint replacement would appear to be the most predictable, but in younger patients, it will necessitate subsequent joint replacement over the lifetime of the patient. Therefore, based on the failure of previous surgery and conservative management and based on the severity of the condition, the salvage procedure should be considered medically necessary. The UR review stated that based on the clinical notes from 6/5/15-7/10/15, 'It is unclear how long the patient has been having pain and limited range-of-motion. The clinical notes indicate t here was some improvement in pain. It is also unclear as to the current range of motion if this is only a flare in symptoms or a continual decrease in range of motion.' The medical records provided for this review helps to address the concerns of the UR. The clinical picture is one of chronic dysfunction and pain and is supported by the examination findings of limited MOI and lateral excursion of the mandible. This has failed reasonable, extensive conservative management and previous surgery. Therefore, this requested surgery should be considered medically necessary.