

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0183770 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 10/09/2009 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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 44 year old female, who sustained an industrial injury on 10-9-09. The injured worker has complaints of temporomandibular Joint pain. The documentation noted pain on palpation of bilateral mandibular rami and temporomandibular joint. The documentation noticed notable left facial weakness of buccal and marginal mandibular branches of facial nerve, limited in puckering lips and smiling. Computerized tomography (CT) scan of the maxillofacial in September 2014 showed osteoarthritis of right temporomandibular joint with severe-marked degeneration. The diagnoses have included right temporomandibular joint degenerative joint disease myofascial pain. Treatment to date has included botox injections with significant paresis of the left face; temporomandibular Joint injection with minimal improvement and temporomandibular joint splint. The original utilization review (8-18-15) non-certified the request for computerized tomography (CT) scan maxillofacial without contrast and right temporomandibular prosthetic joint replacement, 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:

Right Temporomandibular Prosthetic Joint Replacement, Right Temporomandibular Arthroplasty with Condylectomy and Total Prosthetic Alloplastic Implant Reconstruction: 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/21856060>, Temporomandibular Custom Hemijoint Replacement Prosthesis; Prospective Clinical and Kinematic Study.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Online Version: TMJ Surgery.

Decision rationale: Records reviewed indicate patient has pain on palpation of bilateral mandibular rami and temporomandibular joint. However there is insufficient documentation on the level of pain patient is currently experiencing. The documentation noticed notable left facial weakness of buccal and marginal mandibular branches of facial nerve, limited in puckering lips and smiling. Computerized tomography (CT) scan of the maxillofacial in September 2014 showed osteoarthritis of right temporomandibular joint with severe-marked degeneration. The diagnoses have included right temporomandibular joint degenerative joint disease myofascial pain. Oral surgeon is recommending Right Temporomandibular Prosthetic Joint Replacement with CT Maxillofacial without Contrast. However per ODG guidelines mentioned above, TMJ surgery is not recommended. The oral surgeon needs to document in detail how this prosthetic joint replacement will exactly help this patient when guidelines states that the TMJ Surgery is often irreversible, and should be avoided where possible and failure to respond to conservative treatments does not mean that surgery is necessary. Therefore this request is not medically necessary.

CT 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, CT (Computed Tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan; 3 (1): 2-9. doi: 10.4103/0975-5950.102138. Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R.

Decision rationale: Records reviewed indicate that this patient has been diagnosed with right temporomandibular joint degenerative joint disease myofascial pain. Oral surgeon is recommending Right Temporomandibular Prosthetic Joint Replacement with CT Maxillofacial Without Contrast. Per reference mentioned above, CT examination produced excellent image for osseous morphology and pathology. Therefore, based on the records reviewed along with the findings and reference mentioned above, this reviewer finds this request for CT Maxillofacial

Without Contrast medically necessary to properly formulate a treatment plan for this patient's TMJ condition.